





NH Medicaid Care Management Program Design Survey







1. Would you describe yourself as:



		Response Percent	Response Count
Someone who currently uses the NH Medicaid program		3.3%	27
A family member or caregiver of someone who uses the Medicaid program		33.1%	273
Someone who provides health or social services to people who use the Medicaid program		43.1%	356
Someone who does not provide or receive Medicaid health services but who has an interest in how the NH Medicaid program operates		20.6%	170
answered question			826
skipped question			2

Program Users









2. How frequently do you use services paid for by the NH Medicaid program?

		Response Percent	Response Count
Not very often		13.0%	3
Several times per year		13.0%	3
Every month		47.8%	11
Daily		26.1%	6
answered question			23
skipped question			805

3. Who uses services paid for by the NH Medicaid program?

		Response Percent	Response Count
Me		69.6%	16
My child or children		56.5%	13
A family member		0.0%	0
answered question			23
skipped question			805








4. What do you like about the current NH Medicaid program?

		Response Percent	Response Count
It is easy to use		54.5%	12
I understand how it works		45.5%	10
It will pay for most of the health needs that I or my family have		45.5%	10
I feel safer having health insurance		59.1%	13
I could not afford the care that I or my family needs without it		72.7%	16
I have a choice of doctors or health providers		59.1%	13
I would not be able to stay in my home without it		31.8%	7
I get the same quality of care as people who have other types of private insurance		59.1%	13
answered question			22
skipped question			806

5. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

	Response Count
	8
answered question	8
skipped question	820

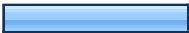







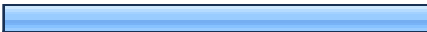
6. What don't you like about the current NH Medicaid program?

		Response Percent	Response Count
It is hard to use		6.3%	1
It is complicated and confusing		18.8%	3
It is not accepted everywhere		50.0%	8
It is hard to qualify for		18.8%	3
It doesn't cover all the services that I or my family needs		43.8%	7
I don't have enough choice of doctors or health care providers		12.5%	2
I don't feel like I get the same quality of care as other people who have private insurance		31.3%	5
		answered question	16
		skipped question	812

7. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

Response Count	
13	
answered question	13
skipped question	815





8. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates. These include having a private insurance company administer the program for the State and having a local health care provider oversee all the health care and other medical services that people receive through the program. If you were in charge of designing the new Medicaid program, what 3 features would be most important to you?

		Response Percent	Response Count
Making it easy to use		27.3%	6
Making the rules understandable		27.3%	6
Having a choice of doctors		50.0%	11
Seeing the same doctor or health care professional every time		36.4%	8
Easy access to someone who can answer questions about what is covered and what is not		45.5%	10
Including substance abuse counseling as a covered service		18.2%	4
Including mental health counseling as a covered service		45.5%	10
Opportunity to remain in and be part of the community using natural supports		27.3%	6
Making sure it pays for the services I need		63.6%	14
Other (please specify)			5
answered question			22
skipped question			806





9. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	Response Count
	11
answered question	11
skipped question	817





10. How optimistic are you that the new Medicaid Care Management program will be an improvement over the current Medicaid program?

		Response Percent	Response Count
Not at all optimistic		40.9%	9
Somewhat optimistic		27.3%	6
Moderately optimistic		27.3%	6
Very optimistic		0.0%	0
Extremely optimistic		4.5%	1
	answered question		22
	skipped question		806

11. How concerned are you about the State's ability to fund the Medicaid program?

		Response Percent	Response Count
Not concerned		9.1%	2
Somewhat concerned		0.0%	0
Moderately concerned		4.5%	1
Very concerned		40.9%	9
Extremely concerned		45.5%	10
answered question			22
skipped question			806

12. How important do you believe that taking personal responsibility is for people to improve the quality of their lives and health through the State's Medicaid program?

		Response Percent	Response Count
Not important		0.0%	0
Somewhat important		9.5%	2
Moderately important		9.5%	2
Very important		38.1%	8
Extremely important		42.9%	9
answered question			21
skipped question			807

13. Is there anything else you wished we had asked or you would like to tell us?

Response
Count

12

answered question

12

skipped question

816

Families and Caregivers

14. How frequently does your family member or the person you care for use services paid for by the NH Medicaid program?

Response
Percent Response
Count

Not very often



3.7%

9

Several times per year



16.3%

40

Every month



32.5%

80

Daily



47.6%

117

answered question

246

skipped question

582

15. Who in your care uses services paid for by the NH Medicaid program?

Response
Percent Response
Count

A child under the age of 18



42.3%

104

An adult age 18-62



57.7%

142

An adult age 62-80



4.1%

10

An adult age 81+



2.0%

5








answered question

246

skipped question

582



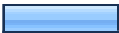




16. What do you like about the current NH Medicaid program?

		Response Percent	Response Count
It is easy to use		32.8%	80
It will pay for most of the health needs that I or my family have		33.2%	81
I feel safer having health insurance		33.6%	82
I could not afford the care that I or my family needs without it		74.2%	181
I have a choice of doctors or health providers		40.6%	99
I would not be able to stay in my home without it		25.4%	62
I get the same quality of care as people who have other types of private insurance		33.2%	81
answered question			244
skipped question			584

17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

	Response Count
	109
answered question	109
skipped question	719

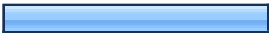







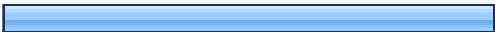
18. What don't you like about the current NH Medicaid program? Please choose 3.

		Response Percent	Response Count
It is hard to use		7.1%	14
It is not accepted everywhere		59.4%	117
It is hard to qualify for		16.8%	33
It doesn't cover all the services that I or my family needs		42.6%	84
I don't have enough choice of doctors or health care providers		16.2%	32
It is complicated and confusing		25.4%	50
I don't think I get the same quality of care as other people who have private insurance		20.8%	41
answered question			197
skipped question			631

19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

	Response Count
	109
answered question	109
skipped question	719






20. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates. These include having a private insurance company administer the program for the State and having a local health care provider oversee all the health care and other medical services that people receive through the program. If you were in charge of designing the new Medicaid program, what features would be most important to you? Please choose 3.

		Response Percent	Response Count
Making it easy to use		39.7%	96
Making the rules understandable		37.6%	91
Having a choice of doctors		57.9%	140
Seeing the same doctor or health care professional every time		41.3%	100
Easy access to someone who can answer questions about what is covered and what is not		43.4%	105
Including substance abuse counseling as a covered service		13.6%	33
Including mental health counseling as a covered service		40.1%	97
Opportunity to remain in and be part of the community using natural supports		59.1%	143
Making sure it pays for the services I need		74.0%	179
Other (please specify)			59
answered question			242
skipped question			586




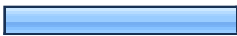

21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	Response Count
	105
answered question	105
skipped question	723






22. How optimistic are you that the new Medicaid Care Management program will be an improvement over the current Medicaid program?

		Response Percent	Response Count
Not at all optimistic		56.3%	135
Somewhat optimistic		26.7%	64
Moderately optimistic		14.6%	35
Very optimistic		2.1%	5
Extremely optimistic		0.4%	1
	answered question		240
	skipped question		588

23. How concerned are you about the State's ability to fund the Medicaid program?

		Response Percent	Response Count
Not concerned		2.8%	7
Somewhat concerned		12.6%	31
Moderately concerned		13.4%	33
Very concerned		34.6%	85
Extremely concerned		36.6%	90
answered question			246
skipped question			582

24. How important do you believe that taking personal responsibility is for people to improve the quality of their lives and health through the State's Medicaid program?

		Response Percent	Response Count
Not important		2.5%	6
Somewhat important		7.6%	18
Moderately important		19.9%	47
Very important		43.6%	103
Extremely important		26.3%	62
answered question			236
skipped question			592

25. Is there anything else you wished we had asked or you would like to tell us?

Response
Count

133

answered question

133

skipped question

695

Providers

26. In your view, for someone receiving Medicaid, what are the top factors that define having the highest quality or life and health? Please choose 3.

Response
Percent Response
Count

The opportunity to live as fully as
someone not on Medicaid



30.0%

92

Resources for every recipient



20.2%

62

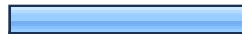
Availability of a comprehensive
array of services



41.4%

127

Meaningful choice of providers and
services directed by the recipient
and/or family



35.2%

108

All encompassing health and
wellness



18.2%

56

Independence and relationships
built on trust



13.4%

41

Continuity and constancy of care.
The right care at the right time



51.5%

158

Quality of care



52.4%

161

Affordability of care



37.1%

114

Integration of services at all levels
-- Federal, State, provider and
individual level



17.6%












54

Other (please specify)

18

answered question	307
skipped question	521

27. What are your top 3 recommendations to increase the number of people in the Medicaid program experiencing a high quality of life and health?


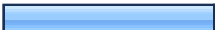




		Response Percent	Response Count
Integrate primary care with mental health, substance abuse, developmental services, nursing, etc		45.1%	139
Include a full array of mental health and substance abuse disorder services as part of a benefits package		43.8%	135
A centralized, current and shared database of, and for, providers that is easy to access		16.6%	51
Eliminating redundancy within the provider system to facilitate clear consistent communication		17.5%	54
Utilize technology to improve coordination		8.1%	25
Empower consumers through health literacy standards		4.9%	15
Reduce barriers to services. Have a care coordinator who works for the consumer, not for the system		53.9%	166
Choice and flexibility for Medicaid recipients and families		28.9%	89
Adequate funding to cover the cost of care delivery and administration		53.2%	164
Access to information		6.2%	19
Increased flexibility of programing and funding		21.4%	66

Other (please specify)	16
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answered question	308
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skipped question	520
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28. What do you believe is needed in a new Medicaid Care Management program to encourage health care and service providers to want to participate? Please choose 3.



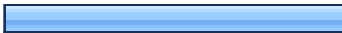

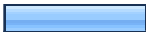
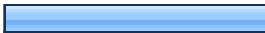
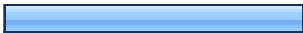

		Response Percent	Response Count
Adequate reimbursement		75.6%	232
Integrate behavioral health into primary care		31.6%	97
Streamline and simplify licensure and regulatory requirements		23.5%	72
Have the system be patient-centered		45.9%	141
Establish a positive and rewarding regulatory framework with a streamlined paperwork and authorization process and a respect for quality care		63.2%	194
Respect and allow caregivers to use professional judgment		40.7%	125

Other (please specify)	15
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answered question	307
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skipped question	521
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29. What should be avoided in designing a new Medicaid Care Management program that would cause health care and other service providers to not want to participate? Please choose 3.

		Response Percent	Response Count
Reduced reimbursement		54.9%	169
Reduced access to medically necessary services		42.5%	131
Putting cost of care above quality of care		51.0%	157
Anything that changes the current system		2.3%	7
Decline in positive outcomes and patient/client satisfaction		20.8%	64
Expectations that providers deliver with inadequate resources		39.0%	120
Bonuses and incentives paid to gatekeepers for denials of care		44.8%	138
Arbitrary decisions by a care management vendor about who gets care		40.3%	124
Other (please specify)			15
answered question			308
skipped question			520






30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	Response Count
	144
answered question	144
skipped question	684






31. How concerned are you about the State's ability to fund the Medicaid program?

		Response Percent	Response Count
Not concerned		2.0%	6
Somewhat concerned		6.2%	19
Moderately concerned		15.0%	46
Very concerned		37.6%	115
Extremely concerned		39.2%	120
	answered question		306
	skipped question		522

32. How optimistic are you that the new Medicaid Care Management program will be an improvement over the current Medicaid program?

		Response Percent	Response Count
Not at all optimistic		42.7%	131
Somewhat optimistic		38.8%	119
Moderately optimistic		15.0%	46
Very optimistic		2.9%	9
Extremely optimistic		0.7%	2
answered question			307
skipped question			521

33. How important do you believe that taking personal responsibility is for people to improve the quality of their lives and health through the State's Medicaid program?

		Response Percent	Response Count
Not important		2.7%	8
Somewhat important		10.0%	30
Moderately important		20.3%	61
Very important		45.7%	137
Extremely important		21.3%	64
answered question			300
skipped question			528

34. Is there anything else you wish we had asked or that you would like to tell us?

Response
Count

112

answered question

112

skipped question

716

Indirect stakeholders

35. How would you describe yourself?

Response
Percent Response
Count

A NH legislator



0.7%

1

Someone who works for State
government



5.1%

7

An elected County official

0.0%

0

Someone who works for County
government

0.0%

0

An elected or appointed city or town
government official



1.5%

2

Someone who works for City or
Town government



0.7%

1

Someone with a professional
interest in state health policy



33.1%

45

**Someone with an interest in
state health policy but who is
not paid to be involved**



58.8%

80

Other (please specify)

19

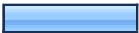









answered question

136







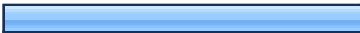




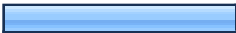
skipped question

692

36. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates. These include having a private insurance company administer the program for the State and having a local health care provider oversee all the health care and other medical services that Medicaid recipients receive through the program. If you were in charge of designing the new Medicaid program, what 3 features would be most important to you?



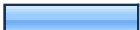





		Response Percent	Response Count
Making it easy to use		19.7%	28
Making the rules understandable		15.5%	22
Offering a choice of doctors		26.1%	37
Easy access for Medicaid users to someone who can answer questions about what is covered and what is not		26.8%	38
Including substance abuse counseling as a covered service		39.4%	56
Including mental health counseling as a covered service		45.1%	64
The opportunity for people with disabilities to remain in and be part of the community using natural supports		41.5%	59
Making sure it pays for needed services		54.9%	78
Making sure costs are controlled and care is needed		17.6%	25
Making sure the program is not abused		17.6%	25
Other (please specify)			19
answered question			142
skipped question			686

37. What are your top 3 recommendations to increase the number of people in the Medicaid program experiencing a high quality of life and health?










		Response Percent	Response Count
Integrate primary care with mental health, substance abuse, developmental services, nursing, etc		52.1%	74
Include a full array of mental health and substance abuse disorder services as part of a benefits package		31.7%	45
A centralized, current and shared database of, and for, providers that is easy to access		16.9%	24
Eliminating redundancy within the provider system to facilitate clear consistent communication		11.3%	16
Utilize technology to improve coordination		6.3%	9
Empower consumers through health literacy standards		4.9%	7
Reduce barriers to services. Have a care coordinator who works for the consumer, not for the system		53.5%	76
Choice and flexibility for Medicaid recipients and families		19.7%	28
Adequate funding to cover the cost of care delivery and administration		39.4%	56
Access to information		4.2%	6
Increased flexibility of programing and funding		9.2%	13
Health education and preventive care		34.5%	49

Emphasize personal responsibility		12.7%	18
Other (please specify)			7
		answered question	142
		skipped question	686

38. What do you believe is needed in a new Medicaid Care Management program to encourage health care and service providers to want to participate? Please choose 3.

		Response Percent	Response Count
Adequate reimbursement		66.2%	94
Integrate behavioral health into primary care		36.6%	52
Streamline and simplify licensure and regulatory requirements		19.7%	28
Have the system be patient-centered		45.1%	64
Establish a positive and rewarding regulatory framework with a streamlined paperwork and authorization process and a respect for quality care		55.6%	79
Respect and allow caregivers to use professional judgment		41.5%	59
Financial incentives for cost-effective care		28.2%	40
We shouldn't worry about it. Health care providers will make their own decisions about whether to participate or not.		2.8%	4
Other (please specify)			5
		answered question	142
		skipped question	686






39. What should be avoided in designing a new Medicaid Care Management program that would cause health care and other service providers to not want to participate? Please choose 3.

		Response Percent	Response Count
Reduced reimbursement		51.1%	72
Reduced access to medically necessary services		50.4%	71
Putting cost of care above quality of care		48.2%	68
Anything that changes the current system		2.1%	3
Decline in positive outcomes and patient/client satisfaction		22.7%	32
Expectations that providers deliver with inadequate resources		39.0%	55
Bonuses and incentives paid to gatekeepers for denials of care		43.3%	61
Arbitrary decisions by a care management vendor about who gets care		36.2%	51
We shouldn't worry about it. Health care providers will make their own decisions about whether to participate or not		2.8%	4
Other (please specify)			6
answered question			141
skipped question			687






40. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	Response Count
	53
answered question	53
skipped question	775






41. How concerned are you about the State's ability to fund the Medicaid program?

		Response Percent	Response Count
Not concerned		0.7%	1
Somewhat concerned		4.3%	6
Moderately concerned		20.6%	29
Very concerned		42.6%	60
Extremely concerned		31.9%	45
	answered question		141
	skipped question		687

42. How optimistic are you that the new Medicaid Care Management program will be an improvement over the current Medicaid program?

		Response Percent	Response Count
Not at all optimistic		20.7%	29
Somewhat optimistic		40.7%	57
Moderately optimistic		32.1%	45
Very optimistic		5.7%	8
Extremely optimistic		0.7%	1
answered question			140
skipped question			688

43. How important do you believe that taking personal responsibility is for people to improve the quality of their lives and health through the State's Medicaid program?

		Response Percent	Response Count
Not important		1.4%	2
Somewhat important		5.0%	7
Moderately important		29.5%	41
Very important		40.3%	56
Extremely important		23.7%	33
answered question			139
skipped question			689

44. Is there anything else you wish we had asked or that you would like to tell us?

Response
Count

52

answered question

52

skipped question

776

Page 3, Q5. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

1	I have blue cross blue shield gov. insurance and a dental credit card	Oct 4, 2011 1:37 PM
2	I am not sure. I have medicaid insurance, APTD, EBT and I also am in programs through an area agency that also receives medicaid funding.	Sep 29, 2011 7:46 AM
3	no i do not know much about the program that i use	Sep 23, 2011 6:07 PM
4	Medicaid has been the best, easiest to use, most helpful of any state or federal programs. The quality and accessibility of Medicaid services is directly related to funding and both suffer when the legislature wanes in its support for the program. Attempts at managed care have not worked very well in the past. The legislature's attempt to cut expenditures through managed care, without examining the effect of manage care in the past, is ill-advised and bad policy. NH remains one of the wealthiest states in the nation with the resources to pay for Medicaid services without reductions in services.	Sep 22, 2011 3:39 PM
5	its not so easy to get a job when you have sol gaudianship of a child with special needs and you give up a full time job to care for this one who her family couldn't do,and she needs 24 hr care and alot of appts for her needs.My heart goes out for her and shes my life and i've had her for ten yrs now.	Sep 20, 2011 7:05 PM
6	Without it the necessary medication and equipment my son would not be alive. I would be homeless. Literally.	Sep 20, 2011 10:57 AM
7	no	Sep 20, 2011 10:06 AM
8	Very accommodating to the needs of my child. Very simple process to Obtain prior authorizations for certain services. Very high quality service.	Sep 19, 2011 1:20 PM

Program User open-end question responses -- pages 28-37.

Page 3, Q7. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

1	I do not have any problems and I am grateful to the state of New Hampshire for this help. I have been uninsured and I do have chronic conditions and it is very difficult.	Oct 1, 2011 1:49 PM
2	The program is complicated in my opinion.	Sep 29, 2011 7:46 AM
3	I would like medicaid to pay for my daughter's Dietian Services they she has needed and used since the age of 5. At this time this service is not covered.	Sep 28, 2011 4:36 PM
4	They don't cover any dental...the medication I am on for life has awful effects on teeth and there is nothig to help unless you want all your teeth pulled THEN they help.	Sep 24, 2011 5:51 PM
5	The Spenddown Is HORRIBLE...There is NO WAY I can meet the \$550 PER MONTH spend down given the fact that I am living on a very meager \$1048 per month SSDI payment. How In The Wide World Do You People Exopect Me To Buy Food, Put Clothes On My Back, Fuel My Car For The Many Doctor's appointments I have and pay rent? IMPOSSIBLE.....	Sep 23, 2011 4:40 AM
6	It is becoming more difficult to use. It is becoming more frequent to go without medications because of Prior Authorization requirements. PAs are unnecessary for prescriptions which have been prescribed for over three years, which continue to require PAs, resulting in delays in filling them. Our experience includes prescriptions that include warnings not to discontinue use without talking to a doctor, some of which include mortal warnings. Adult dental should be among the included services.	Sep 22, 2011 3:39 PM
7	Having to meet a monthly spend down amount, which limits the services that I qualify for ex: dental	Sep 22, 2011 1:42 PM
8	The fact that medicaid denied me the right to have a medicaid driver take me to docotors appoinments. i had tp pay out of pocket for a ride. They said the appt was not needed. The fact that medicaid has now denied 3 extremely important tests i desperately need to have done. An MRA MRI of my Brain. A CT and CTA scans of my brain. I could very well have a brain aneurysm . They denied a person the only way to diagnose a life threatening illness. They made a judgement call that they had no right to make. Since it is not covered by them I can not have these tests I need to have done. It could cost me my life.	Sep 21, 2011 5:38 PM
9	I was turned down to do a very danerous surgrey for my little one with a dotor in boston because they said it had to be done in n.h.Where as they cover for doctor appt with her in boston because she sees 4 different dr's for her special needs.So to me don't make much since.	Sep 20, 2011 7:05 PM
10	I wish there were more choices of medical providers	Sep 20, 2011 10:57 AM
11	no	Sep 20, 2011 10:06 AM
12	Certain services are not covered for example ABA (applied behavioral Analysis) are not covered	Sep 19, 2011 1:20 PM
13	there is not enough info given out by the program about what other services I	Sep 16, 2011 11:41 AM

Page 3, Q7. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

might qualify for.

Page 3, Q8. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider ...

1	Ensuring the funding to area agencies for the disabled will still be in tact.	Sep 29, 2011 7:46 AM
2	Making Sure That The Doctors That I DO See (Which Are Multiple Since My Health Is Extremely POOR) spend enough time with me to answer my questions and actually examine me instead of just telling me I am fat all the time and then walking out of the office after a 5 minute visit. I also feel as though I am treated differently simply because I am on Medicaid as the doctors seem to always in a hurry to get me out of their office as they do not get their full rate because I am on Medicaid/Medicare	Sep 23, 2011 4:40 AM
3	What kind of a person would ask a respondent to select only 3 of the listed features? People's needs cannot be reduced to statistics. It would be like asking, "In order to live within your family's means, which child or children are you willing to part with?" I did not check the item about remaining in the community because I would rather be placed in a long term care facility than burden my family with my care and I believe the state should pay the costs for my care. I wouldn't be in charge of designing a new Medicaid program because I am so fundamentally opposed to the legislative mandate. I would refuse to traffic in such an exercise. My integrity is more important to me than a job with the state which is showing less and less commitment to its employees. If I were a contractor or consultant, I would have opposed performing such an objectionable task by trying to finagle the wording of the contract in such a way that I would not have to choose whose needs get cut but still get paid for my work. How would the health care benefits under the managed care model compare with the health care benefits of those people working for this private insurance company?	Sep 22, 2011 3:39 PM
4	Making sure that all CT,CTA,MRIs and blood work is covered no questions asked. All meds are also covered no questions asked.	Sep 21, 2011 5:38 PM
5	Ensuring the Private insurance company is not being compensated based on how much they save to the state	Sep 19, 2011 1:20 PM

Page 3, Q9. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

1	I don't know what services or things are covered sometimes and no one calls back.	Oct 4, 2011 1:37 PM
2	Non-traditional healthcare such as Chiropractors.	Oct 1, 2011 1:49 PM
3	Reducing state employees = less union obligations + less pensions = more efficiencies for people that desperately need all monies as possible, including people that are probably still on the waitlist. I don't like excessive regulations as someone who came from being in special ed and experienced the excessive spending, regulation, favoritism to different "labels" and red tape.	Sep 29, 2011 7:46 AM
4	no	Sep 23, 2011 6:07 PM
5	Yes....By forcing me to drive over to the hospital 7 days a week for needed I.V. infusions at a more costly rate than allowing me to get my infusions at home, which would reduce the costs for Medicaid.	Sep 23, 2011 4:40 AM
6	The idea of paying a private insurance company to administer the Medicaid program for the state is inefficient. The first focus should be on effectiveness. The program should do the best it can doing the things it was designed to do. How many people, how well and with what outcomes are what constitute effectiveness. Effectiveness is followed by efficiency- getting the most bang for the buck. Make sure the money goes to what it is supposed to go for, minimizing waste and indirect costs, and that it produces the most outcomes compared to how other ways to spend the money could produce the outcomes. The idea that a private, for-profit business could produce outcomes with greater effectiveness or efficiency can only be seriously promoted by people who will somehow profit by such an approach. The idea is preposterous and misleading. Health care administration is not a mystery. There is no reason to think the job can be done better by hiring out the tasks than hiring qualified people to do the same tasks for the state- but without the profit motive. Neither is there any reason to think that the profit motive will lead to greater efficiency. I am not willing to sacrifice my or my family's health on the whim of pernicious ideologues in the legislature.	Sep 22, 2011 3:39 PM
7	Yes they need to cover all specialized tests CTs, CTAS, MRIs,all therapies, all meds.all doctors, all blood work. They also need to stop denying people for tests that could save their life. If they want us to pay money for the program then they need to cover everything 100 percent from specialized doctors to all tests and blood work and cover all services for cancer patients and special needs children, disabled and elderly. They should not deny a person a medicaid driver when they need one to take them to appts. They have no right to tell anyone they do not need to see a Dr.	Sep 21, 2011 5:38 PM
8	having the medicaid be covered where the parents or caregivers,for who ever it may be thats has medicaid to be assured it will be covered for referred doctors where in n.h.,or out of state.	Sep 20, 2011 7:05 PM
9	You are never able to get a live body when calling with questions.	Sep 20, 2011 10:57 AM
10	no	Sep 20, 2011 10:06 AM
11	Basically getting reimbursed for the services provided by the non-medicaid	Sep 19, 2011 1:20 PM

Page 3, Q9. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

providers is the feature is what I am looking for, My child with has unique needs and we use many medical and therapeutic providers that are non medicaid providers. We choose providers based on the childs need and the quality of the care and therapy my child gets. There must be a mechanism, by which the caregivers must be reimbursed, when we hire non-medicaid providers, at least up to the rate determined for the medicaid providers who provides same services. So, it will cost the state the same amount and help the families to continue to provide the services that address the child's unique needs. We choose providers based on their quality and how well they work with my child. This would in a long run save lots of money to the state.

Page 4, Q13. Is there anything else you wished we had asked or you would like to tell us?

1	My Doctor should always know me very well.	Oct 4, 2011 1:46 PM
2	I hope the DHHS can find the right happy medium to keep the costs as efficient (and effective) as possible while funding the most vulnerable citizens fairly.	Sep 29, 2011 7:47 AM
3	no	Sep 24, 2011 5:51 PM
4	no	Sep 23, 2011 6:08 PM
5	Yes. I am sick and tired of being told that "If I just lose some weight" somehow, I would be miraculously cured. I won't. I am dying...slowly. I have a Syrx on my spine, I have Diabetes, Heart Failure, Afib, Spinal Stenosis, Arthritis, Pulmonary Hypertension. I am going to either pass from the complications of the Syrx or at the minimum be paralyzed and I have been slowly been losing my mobility since 1999 when I was forced to file for disability. I am also tired of accumulating medical bills that I cannot pay because of the stupid spend down that I cannot meet and the medical bills going on my credit report as a result. The whole idea of my being on Medicare and Medicaid is that I have a very limited income to live on and buy my medicines with and therefore I cannot meet the spend down as it is set at a rediculously high amount...and why? Because I worked my buns off for 20 years working 2 jobs to try and stay OFF the Medicaid, but instead, I get punished for it by having this rediculous spend down.	Sep 23, 2011 4:47 AM
6	No	Sep 22, 2011 7:01 PM
7	I disagree with the premise that there is any importance in "taking personal responsibility... for people to improve the quality of their lives and health through the State's Medicaid program?" "Personal responsibility" is a buzz word used by political conservatives to blame the victim and eschew their responsibility to "establish justice, promote the general welfare and secure the blessings of liberty to ourselves and our posterity...". The design of this item in the questionnaire reveals and serves the bias of the creator(s). If you respond that it is not important or somewhat important, then your responses don't count for very much. If you you respond that it is extremely important, then you agree with the bias of the survey, clearly understand the important of cutting services, and paying a private company to choose how to limit healthcare. Kudos to the person or persons who included the text blocks in the survey allowing for open answers.	Sep 22, 2011 3:40 PM
8	Under no circumstances shall a medicaid represenative tell a person they do not need to see a specialist and that they do not require a certain test ordered. This has now happened to me 4 times now. Was denied access to 3 major tests I require and was denied a medicaid driver to take me to an appt. I had to pay out of pocket someone to take me.	Sep 21, 2011 5:41 PM
9	I do ask hope they don't make a big change because we can't afford it as it is.	Sep 20, 2011 7:06 PM
10	no	Sep 20, 2011 10:06 AM
11	The new program needs to ensure the families that are on different medicaid waivers will continue to have the same kind of personal connections through Area Agencies. It is very important. I can't imagine a private insurance company sitting hundreds on miles away can determine how exactly the child, individual and family needs could be met/addressed appropriately with the waiver funding.	Sep 19, 2011 1:24 PM

Page 4, Q13. Is there anything else you wished we had asked or you would like to tell us?

The personal connections needs to be kept in tact.

12	I'm grateful that Medicaid is there for me, but the systems has no communication skills. Finding out information should not be like pulling teeth to obtain, none of the departments talk to each other and because of this Medicaid ends up paying more for care where if they talked preventive care would have saved money for all concerned.	Sep 16, 2011 11:44 AM
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Program User responses end.

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

1	Do not fix what's not broken!	Oct 5, 2011 3:55 PM
2	It works for us. It doesnt cover everything but that is ok	Oct 5, 2011 3:20 PM
3	I have 3 children with Dissabilities and I am truely gratefull for the help this provide my kids r 14 Quadruplets and 3 are sting use diapers and help with their other needs	Oct 5, 2011 2:52 PM
4	My brother who has a brain injury could not get the care he needs without it	Oct 5, 2011 2:24 PM
5	It works well as my secondary coverage picking up what my other insurance does not cover.	Oct 5, 2011 2:17 PM
6	In most cases Medicaid is secondary insurance for my son. This prevents my son from having medical cost that are not covered by our primary insurance. When it came to orthodontic care my insurance only covered \$1,500, the remainder was covered by Medicaid. He was in braces an pallet extended for about 6 years.	Oct 5, 2011 12:20 PM
7	We are able to utilize personal trainers in all areas of exercise. This provides our son with the life saving program he needs. Without it, his health will decline and could be fatal.	Oct 5, 2011 11:35 AM
8	Withoutthe In Home waiver, I would not have been able to go back to work, the services allowed me to earn a living to support my family. With my private healt insurance from work I am able to cover most of the expenses for therapies and doctors. Many providers do no accept Medicaid, so I always need an extra private insurance.	Oct 5, 2011 10:10 AM
9	Adult custom services is working well.	Oct 5, 2011 9:44 AM
10	In Home Supports saves money compared with other programs that provide less personal autonomy	Oct 5, 2011 9:41 AM
11	I HAVE HAD THE PROGRAM FOR MY SON SINCE NOVEMBER I DID NOT HAVE A JOB SO IT WAS VERY IMPORTANT TO ME TO HAVE INSURANCE FOR HIM	Oct 5, 2011 9:37 AM
12	I am fortunate enough to have private insurance (as long as I am employeed) and the Medicaid is my secondary insurance so I am not in the best position to accurately comment on the program as a whole. I would not be able to work full-time (and get the benefits, including health care) if I did not have access to home heath care services for my, which Medicaid assist with.	Oct 5, 2011 8:30 AM
13	With the birth of our third child without the medicaid help we would have had a hard time paying the hospital bills as ours only coverd 80% of it.	Oct 5, 2011 6:27 AM
14	It is helpful to have copays and deductibles paid for after our primary insurance.	Oct 5, 2011 5:55 AM
15	I like the additional benefits and programs that go with Medicaid that you do not get with private insurance - pull ups, lower copays, transportation reimbursement	Oct 5, 2011 5:51 AM
16	We have 3 children with autism, ages 20, 17, 15. Make no mistake, these	Oct 4, 2011 7:30 PM

Family and Caregiver responses to open ended questions pages 39--125.

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

	children have a severe disability. We are able to access in-home supports, therapies sometimes not available at school. When the children were very young our private managed care ins. from our jobs wouldn't cover any of this. Watch what you try to change regarding developmental services. Leave this to professionals in the field, educators, parents and disabled individuals whom are able to speak for themselves. Be careful with managed care. Please?	
17	The Medicaid program most important to us is the Community Care Waiver. We use the self-directed option and it works and is cost effective. We do more with less and can manage the services so we are not paying for things she doesn't need. The MEAD program is an excellent option for individuals who are working.	Oct 4, 2011 1:18 PM
18	Perhaps I sense it to be the lesser of two evils, and feel that managed care presents a doctrine that will make already difficult to get necessities, that much more difficult to get.	Oct 4, 2011 12:50 PM
19	My daughter is 35 and totally and permanently disabled & cannot work 40 hour weeks so Medicaid covers her health care costs that we, her parents, cannot afford to pay for. Its a Godsend to our family.	Oct 4, 2011 12:45 PM
20	It helps with things like respite. Will this affect the medicaid to schools programs, and if so in what way, will a managed care compay try to make IEP decisions or override a team. Or will they pull the aide to schools all together,	Oct 4, 2011 12:41 PM
21	It has been wonderful. Since our mother died & my 44 yr old sister has come to live with me the services, transportation, skills training, education, have all helped her blossom from a person who apologized for her every move a person who enjoys everyday and is making good decisions on a daily basis.	Oct 4, 2011 12:35 PM
22	I use the famildirected option for my son's services so we determine how he spends his day and no time or money are wasted. He works every day with support to do so and lives a full life. My mother-in-law receives 8 hours a week of in-home support that allows her to stay in her home. The only other option for her would be a nursing home and she would hate that. It would also be a much greater expense for everyone involved.	Oct 4, 2011 12:16 PM
23	Peace of mind knowing my son will be taken care of if something should happen to me.	Oct 4, 2011 12:02 PM
24	It is an amazing resource for all who have the opportunity to utilize it.	Oct 4, 2011 4:12 AM
25	It offers medical assistance with some co-pays and also offers very valuable respite for my child who experiences autism.	Oct 3, 2011 1:46 PM
26	Being on a IHS waiver has provided a much needed safety net and allowed us the flexibility to change our child's care as they transition from toddler into pre-teen. We have the ability to work within our IHS budget to ensure that the best services are being delivered by providers that we trust and can easily change if needed.	Oct 1, 2011 8:28 PM
27	It covers co pays that are not covered by my work insurance and that allows my children to have access to the medical coverage and Durable medical equipment	Sep 30, 2011 1:34 PM

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

	they need to function in life.	
28	We can use it frequently along with our primary insurance... secondary as needed.	Sep 30, 2011 1:07 PM
29	I would not say it is "easy" for most people but I have figured it out and most of the time can get through the system. We have a system that has been years in the making it works well for the majority of those who have it. The attempts to save money by increasing the administration of medicaid will only harm the people who need services rather than additional gate keepers. We already have prior-authorized services - isn't that a form of managed care?	Sep 30, 2011 11:59 AM
30	There isn't enough money to pay for all the services people need but at least there are people that try to work with us to do the best job we can all do together at this time of cuts etc. help people to live self directed lives that are meaningful and encouraging people to contribute to community in away that helps others while also helping people with developmental disabilities to build purpose filled lives.	Sep 29, 2011 7:07 PM
31	Medicaid has provided respite dollars and will hopefully provide help with day programming for my daughter who is disabled and will be turning 21. She is currently on a wait list for this year and next (unless something changes). Our primary insurance is covering most of her health needs and we don't use medicaid as often. However, when we are no longer around and I believe after she turns 26, medicaid will be my daughter's only source of funding for health services and day services.	Sep 29, 2011 12:05 PM
32	Covers prescriptions that my family requires to live independently	Sep 29, 2011 8:44 AM
33	I keep learning my child is entitled to more services but I have to dig through alot to find this info	Sep 29, 2011 5:05 AM
34	the program must remind portable so that my son can continue to see his doctors in MA/	Sep 28, 2011 10:59 AM
35	It is working well for my son who has medical issues he deals with on a daily basis due to his four craniotomies and recurring brain tumor.	Sep 28, 2011 9:16 AM
36	It provides a safety net for those who are disabled	Sep 28, 2011 5:55 AM
37	Peace of mind knowing my son will always be covered.	Sep 27, 2011 4:30 PM
38	Our Medicaid works well with our private insurance. It is the safety net that helps us keep our daughter home, and allows us to work.	Sep 27, 2011 4:16 PM
39	The developmental services for my child	Sep 27, 2011 1:23 PM
40	Great - Rx medication coverage, plenty of excellent medical providers,	Sep 27, 2011 6:27 AM
41	My adult daughter, age 41, with ASD sometimes uses Medicaid more than monthly because of conditions which flare up. Her medical and psychological issues wax & wane. Medicaid pays the 20% the Medicare does not pay. Also, of great, great value -- being able to chose her own providers (rather than being	Sep 27, 2011 6:05 AM

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

required to use certain ones) gives confidence in the doctor which is critical for trust & healing. Regarding "personal responsibility" (see below) --- Those who have mental and developmental disabilities, those with borderline IQ's, fetal alcohol syndrome, etc.; and those who have experienced dysfunctional childhoods can not be expected to use wise personal responsibility. They do not have the internal capacity or learned skills to "pull themselves up by the bootstraps". The Medicaid system needs to assist those who will never have the personal resources to help themselves, and not discard these truly needy people in the effort to be efficient. Also, the for-profit company(s) who may get the contract for Managed Care, need to prove to the State that they will reduce their usual (and some think excessive) profit margin in return for getting a contract. The money they get for profit could have been used to provide more services to those in need. Put another way, the profit made by the chosen managed care company is money taken away from the people they are contracted to serve.

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| 42 | our family has benefitted enormously by this program - from payment for diapers and pull-ups our son wore well into elementary school, to medications for both my sons and an in-home support system which helps make family life livable, not to mention respite care which gives my husband and I occasional relief from extensive caregiving which includes constant supervision and lack of sleep most nights. We also benefitted immensely by help for paying for the enormous cost that the required fence cost to keep our sons safely in our yard. | Sep 26, 2011 5:38 PM |
| 43 | It cover all of my children's medical needs including; vision and dental that we wouldn't be able to afford otherwise. | Sep 26, 2011 3:55 PM |
| 44 | My son with Autism would not be able to receive neccesary services(ot, s/l) without the use of Katie Beckett. This program has helped with copays, therapies, even incontinence products. Priceless program for diabled and low income families | Sep 26, 2011 9:30 AM |
| 45 | We have very good primary health insurance, but it does not pay for in-home care. Benjamin and Samuel (ages 15 and 13) have Duchenne Muscular Dystrophy and we use a caregiver 5 mornings and 3 afternoons a week to help with some activities of daily living (showering, toileting, stretching, dressing, etc.) My husband travels regularly and it is difficult to care for two teenage boys by myself without some in-home care. Our primary health insurance has no deductible for durable medical or physical therapy, so we are covered except for in-home care. We are grateful. | Sep 25, 2011 6:02 PM |
| 46 | My 36 yrs son Christopher would not have his Day Program at Jobs or his transportation without Medicaid support or the Aide when he comes from his program. This has allowed me to work and care for my other three children throughout the years. Needless to say his medical care is very important! | Sep 25, 2011 10:52 AM |
| 47 | it lets the private, non-profit Area Agencies provide the supports to individuals with DD/ABD in accordance with values families have developed and worked for for over 30 years | Sep 23, 2011 2:01 PM |
| 48 | Access to quality providers is difficult - mostly because of reimbursement issues? Lack of consistent access to preventative medicine leads to costly hospitalizations. A medical home - coordinating medications and raising red flags | Sep 23, 2011 11:26 AM |

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

would be very helpful indeed. We like that support services are comprehensive, this should be expanded and be made easier to manage.

49	Brint's Medicaid program is extremely effective and well managed. His support staff are well trained and knowledgeable. Neither his nor the staff's time is wasted. When there is a problem, we all know how to resolve it quickly and who to talk to. When there are new goals to be set, or reevaluated, we meet as a team to modify his program. There is no 'reinventing the wheel'! I really do not see how anyone can improve on what DHHS does, Com. Tompas has done a terrific job.	Sep 23, 2011 8:38 AM
50	I like that it can be used to offset costs while William is able to be under his fathers private insurance for most of his medical care. Many things like LNA and diapers are not covered with private insurance.	Sep 23, 2011 6:37 AM
51	Healthy Kids!!!	Sep 22, 2011 3:18 PM
52	It is the safety net needed by both my son with severe mental illness and my son with a developmental disability	Sep 22, 2011 1:02 PM
53	I like that there's no copay for services. That is so helpful.	Sep 22, 2011 12:50 PM
54	Gateways Community Services provides services for my son that would not be available without Medicaid.	Sep 22, 2011 10:21 AM
55	Because of my son's special needs I am unable to work full time. This health insurance has allowed the affordability to maintain his health with little or no out of pocket expenses other than transportation to and from the numerous doctor visits. Without this insurance I could not afford to stay in my home.	Sep 22, 2011 8:11 AM
56	The services my son receives are not at all the same services I receive and I have private insurance. He is treated differently ALL the time. He is disabled and doesn't get the same quality of care in NH. The system is terribly broken. His mental health needs currently go unmet to deal with his terminal illness. It's absolutely a fraud and disgraceful system.	Sep 22, 2011 5:39 AM
57	Due to the economy my husband lost his job and our health care benefits. I am self employed. To buy private insurance for a family of 4 would financially ruin us and we would lose our house. We qualify for HK silver and pay a very reasonable premium for our 2 children. I can sleep at night knowing that they are covered should they be sick. Fortunately, they are healthy children and don't get sick very often. But having insurance enables me to take them to the doctor if they get sick and not have to worry about if I can afford the doctor's bill or not.	Sep 22, 2011 5:38 AM
58	Both Medicaid coverage of my son's extensive medical needs and Medicaid-waiver services under the area agency system have worked very well for him and enabled him to be much more independent than he would otherwise be.	Sep 21, 2011 4:16 PM
59	choice of Dr., would not be able to stay in his home without it. IT would cost more if he went to an assisted living.	Sep 21, 2011 2:51 PM
60	My daughter is in the In-Home Supports Waivered Program. These services are	Sep 21, 2011 11:59 AM

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

extremely important to her quality of life. The State Medicaid Program that pays for her deductibles and co-pays is extremely important, as a single mom it is difficult enough to keep up with raising prices for every day essentials such as gas and food. Of UTMOST importance is the continuance to utilize Pediatric Specialists in Boston who have the most experience with children with a wide range of disabilities. They also have resources available that are not available at CHAD which make a huge difference in hospital stays.

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| 61 | I believe that having a FOR PROFIT company run Medicaid is a waste of our tax dollars. Why is it okay for 10% of the money to come off the top and go to shareholders of this FOR PROFIT companies? Where is the savings there? The way things are handled now makes the most sense and should be left as they are. Many states have reversed their opinion of managed care for Medicaid: Texas, Virginia, etc. We have already spent \$61 million (thanks for John Stephens) with ACS and still we have no working system. We could have used that money to provide much needed services to the citizens of NH. Instead it is wasted on a corporation. A FOR PROFIT company is only looking out for the bottom line (profit) and therefore, does not care if someone in NH needs a service or not. We have one of the best models in the country for delivering services to those in need and this should not change. Managed care is a BAD IDEA and should not be tried on the most vulnerable of our citizens!!!! | Sep 21, 2011 9:34 AM |
| 62 | my daughter's medications are over a \$1000.00 per month and without Medicaid I would have to pay all that just to keep her on them. | Sep 21, 2011 8:37 AM |
| 63 | with a special needs son, having this coverage provides a great relief and a feeling of support in a difficult situation. a life line of hope and that someone is there that won't let you down. | Sep 21, 2011 6:50 AM |
| 64 | I am grateful that my son, who is developmentally disabled, has Medicaid as his secondary insurance. My husband owns a small business and pays \$1300.00 a month for health care for our family. The deductible is \$1500.00 per person. We are only allowed 6 visits to the doctor per family member per year. Medicaid covers the costs for our son over and above what our primary insurance doesn't cover. | Sep 21, 2011 6:40 AM |
| 65 | We only use Medicaid to cover copays from what our main insurance doesn't pay. | Sep 21, 2011 6:32 AM |
| 66 | The fact that my Daughter can get the medical attention she needs to live a healthy and happy life. | Sep 21, 2011 4:28 AM |
| 67 | Katie Beckett is life saving. | Sep 20, 2011 7:13 PM |
| 68 | My son is developmentally disabled. Without Medicaid he would not be able to attend his day program. | Sep 20, 2011 6:30 PM |
| 69 | My daughter receives her services via the area agency system, day and residential. I don't think one could ask for a better system. In addition, it's a very cost effective delivery system. All we need is for the legislature to stop hating the clients and fully fund the system. | Sep 20, 2011 6:06 PM |

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

70	It's keep my love one healthy!	Sep 20, 2011 6:01 PM
71	They now cover Attends which they did not for a long time. This would be a great expense to my family.	Sep 20, 2011 5:55 PM
72	My husband and I like the fact that our Private Health Insurance covers our child with special needs primary cost and Medicaid covers what our private health insurance does not. A child with special needs has many different doctors and the cost of medical care is VERY expensive. I do not feel our child would have medical care that is as good as he gets now having a primary and secondary insurance than it would without Medicaid. We would struggle to pay our medical bills!	Sep 20, 2011 5:14 PM
73	We have an adopted NH Foster child with severe ADHD and ODD. The services that he has received have changed him from a burden on Society to someone that will one day help society. He has an IQ of 133 and it was lost in the confusion before he received help for the ADHD and ODD. He was about to be outsourced in kindergarten because he was uncontrollable. Now he is a straight A student. Thank you state of NH for not giving up on this son of drug addicts and thieves. He is incredible and he attended the budget hearings in Concord. At age 12 he listened carefully to all that was said by the people in need of help. Please don't turn your back on these people that need help.	Sep 20, 2011 5:06 PM
74	It pays for a living situation for my disabled son so that I can work. I have already lost my home and gone bankrupt because the supervision was so expensive. In the setting, my son also contributes to the community.	Sep 20, 2011 3:18 PM
75	I consider children's dental benefits essential; without Medicaid my son would not see a dentist regularly. We also access a children's in home support waiver, which we like because it is individualized and consumer-directed!	Sep 20, 2011 3:13 PM
76	Having a personal relationship with Gateways Community services.	Sep 20, 2011 1:30 PM
77	Care is family managed, there is adequate choice, there is local control within the local area agency	Sep 20, 2011 12:20 PM
78	Without it there would be coverage for this individual only through the LRGH Healthlink Proram.	Sep 20, 2011 11:42 AM
79	Helps my son with more of a normalization and independance.	Sep 20, 2011 11:04 AM
80	my 2 sons recieve services through the In Home Support Wiaver. I do not know how I could have kept my children at home in my care without it. The program helps families more than I could ever explain.	Sep 20, 2011 10:52 AM
81	My son receives In-Home-Supports via the Katie Beckett waiver. The wonderful thing about this program is that it allows us to recruit and supervise our son's caregivers. We get much higher quality care -- at a lower price -- than if we were to work through nursing agencies.	Sep 20, 2011 10:52 AM
82	it is the difference from being homeless or staying in our home! my son's illnesses are so serious and so expensive, we'd never be able to afford to	Sep 20, 2011 10:12 AM

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

	manage his brain cancer or his vision loss or his amputated hand and foot	
83	I am able to work and still get the care needed for my disabled son now... after the change that may not be so. I will not hesitate to get done my job to care for him and that will end up costing the state more money because there will be two indigent people that need state money FULL time instead of the services and care PART time of one child.	Sep 20, 2011 10:06 AM
84	I really do not like the idea of changing the system, at this point in time.	Sep 20, 2011 10:05 AM
85	It covers many things my private insurance does not - like thickener for feeding, hearing aids etc.	Sep 20, 2011 8:51 AM
86	I know where my district office is if there is an issue. It is locally managed. I can talk to a real person and they know the rules and regulation for NH and if the issue doesn't get resolved I can go to the district office in person.	Sep 20, 2011 8:04 AM
87	It works, no changes needed with the exception of continued dental care after age 21.	Sep 20, 2011 6:50 AM
88	I have a disabled daughter she is now 23 Medicaid has helped us tremendously.I don't know what she would do with out it. She had rare seizures when she was a baby that damaged sections of her brain. Kristin need's to be watched 24 seven she acts like a toddler still. She will never ever be able to work nor does she speak. I her mother have worked in the medical field for 18 yrs and have seen the good it has done . I am not a drinker or smoker and have never ever done drugs this is something that happens and we have no control over. I thank god every day for all the help she gets from the state I am not saying that every thing is perfect but for now it is perfect for my angel Kristin, Thank you, Lisa Forsberg	Sep 20, 2011 6:05 AM
89	I like that the area agencys are involved and help to personalize programs which I believe in the end saves money and provides better choices for the people being served.	Sep 20, 2011 5:54 AM
90	It allows for all sorts of preventative screenings/therapies that will give my child a better life when he is older	Sep 20, 2011 3:36 AM
91	Our son had Down Syndrome. Should anything happen to us, it's good to know that there is a program in place to take care of him. It has also provided additional therapy services which our regular insurance would not cover and gives him some security in programs that he'll need to thrive as he gets older.	Sep 20, 2011 12:14 AM
92	It gives my son the opportunity, with the help of his case manager, to structure a plan for his ongoing healthcare needs that is cost effective and responsive without the burden of a costly overhead of a regulatory or managed care organization.	Sep 19, 2011 6:52 PM
93	without respite my family would not be where we are now, it gives us time to do errands without our child who can not be left home by himself at any time. thanks for medicaid.	Sep 19, 2011 5:05 PM
94	I really like my case worker. She is very helpful and organized, yet she strictly	Sep 19, 2011 5:03 PM

Page 5, Q17. Is there anything else that you like about the current Medicaid program that you would like to tell us about?

	adheres to regulations and protocol.	
95	My son currently receives 24X7 care due to a diagnosis of autism. I like the flexibility of being able to choose care providers or specialists that understand him and can interact best with him as needed to help him maintain quality of life where his medical, social, educational and daily living needs can be met.	Sep 19, 2011 4:10 PM
96	Once one gets through the "heavy" qualification process, it's good to have health and services coverage.	Sep 19, 2011 2:38 PM
97	For a person with a disability, under the current system, they can configure their own program. My son and I work together to create a program that works for him. With the wide ranges of abilities I like the fact that my son's program is tailored to him and that he's not just lumped into some day program that makes it easier to facilitate but much less effective for the people that need the care.	Sep 19, 2011 1:43 PM
98	The choice of providers allows us to select those with experience caring for those with developmental disabilities.	Sep 19, 2011 1:27 PM
99	It pays for diapers.	Sep 19, 2011 1:23 PM
100	My daughter gets her Medicaid Developmentally Disabled funding through our local area agency-Gateways. We are comfortable with working with people who are local, and understand our situation. I hope this will continue when the new program starts up.	Sep 19, 2011 1:10 PM
101	It allows my adult daughter with disabilities to not sit home with nothing to do.	Sep 19, 2011 1:02 PM
102	There are life-sustaining services and rehabilitation therapies my child receives that are not accessible any other way than through Medicaid.	Sep 19, 2011 10:50 AM
103	My child has the Katie Beckett portion of NH Medicaid and without this we would not be able to afford the care our insurance does not cover.	Sep 18, 2011 5:49 PM
104	The individual I care for has medical complications that medicare does not cover. So far the individual has been able to get all the care required to maintain an active life in our community through his PCP and specialists within NH.	Sep 17, 2011 2:17 PM
105	It is important to be able to go to the same provider each time. It is important that I do not have to wait or go through red tape to see my provider.	Sep 17, 2011 12:04 PM
106	No need to get a referral from a PCP for services.	Sep 16, 2011 6:21 PM
107	My daughter who has a mental illness is able to get her medications provided in a daily planner prepared by a pharmacy tech. There are so many medications that I used to be the person who performed this service. Since this transition, she was able to begin to live on her own safely.	Sep 16, 2011 4:16 PM
108	The responses in #4 pertain to my disabled family member, not to me personally.	Sep 16, 2011 12:17 PM
109	Giving those who cannot afford health insurance a better chance of staying healthy is always good.	Sep 16, 2011 11:19 AM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

1	There is nothing I dislike about Medicaid	Oct 5, 2011 3:55 PM
2	no.	Oct 5, 2011 3:20 PM
3	I believe it should cover preventive dental care. Perhaps costs would be less if one was allowed at least one cleaning a year.	Oct 5, 2011 2:17 PM
4	When it comes to MH it is difficult to find a provider that will work with someone who has Medicaid as a secondary insurance. I once had to call over 30 therapist. When I found one that would work with my son it was out network and primary insurance would not cover it. Although the provider took Medicaid, because my primary could not be used Medicaid was declined.	Oct 5, 2011 12:20 PM
5	It is extremely hard to get a hold of anybody if I have questions about Medicaid. When calling the number on the card, I get transfered everywhere, then don't get a live person and have to leave a message which it takes days for someone to get back to me.	Oct 5, 2011 12:14 PM
6	It is very challenging to find providers that work with adults with disabilities that accept Medicaid.	Oct 5, 2011 11:52 AM
7	Most specialists do not accept Medicaid, so quality care is no continued without private insurance.	Oct 5, 2011 10:10 AM
8	I HAVE HAD NO ISSUES WITH IT	Oct 5, 2011 9:37 AM
9	I am very grateful for the services my daughter gets. I could not have her live at home if I did not have medicaid provide what it does and that is with her having private insurance as well.	Oct 5, 2011 8:52 AM
10	It is impossible to get anyone to return your calls.	Oct 5, 2011 8:51 AM
11	I dislike that NH Medicaid thinks that is a child is under 3, then they should be receiving all of their services through Early Intervention(OT, PT, Sppeech). Clinic based therapy is better, more reliable, and if a child is thriving in the enviornment they should not have to be forced into Early Intervention when looking to renew units.	Oct 5, 2011 8:00 AM
12	lack of friendly knowledgable people that really want to help	Oct 5, 2011 7:42 AM
13	Our daughter has mediicaid and also private insurance. We worry that without the private insurance, she would not get the quality of care that she needs.	Oct 5, 2011 7:11 AM
14	Sometime there are medication coverage issues that arise where a prescription will be covered by Medicaid for over a year and then suddenly not covered. Many phone calls usually have to be made to resolve these issues with no prior notification from Medicaid that these changes may occur.	Oct 5, 2011 7:10 AM
15	Takes a long time to get state approval for services	Oct 5, 2011 6:26 AM
16	The limits for some services such as therapies (physical, occupational and speech) is not right for some people, especially individuals with cerebral palsy who live with limited fine and gross motor skills every day. The therapy can be a	Oct 5, 2011 5:55 AM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

	critical component of their care to maintain their health and their current status of functioning. Many times without it you see regression and that isn't fair to the person.	
17	The NH Healthy Kids Gold should cover ABA benefits the same as NH Healthy Kids Silver. We can not find covered speech pathologist that have availability.	Oct 5, 2011 5:51 AM
18	Since the diaper program changed so that name brands are no longer covered, we now have to purchase them ourselves. The quality of the diapers now offered is extremely lacking. In addition, medicaid denied my son a convaid stroller because of evidence that he's an "emerging walker." While that may be true, he's not walking yet, and had no means of transportation. Luckily, my private insurance covered it.	Oct 4, 2011 7:44 PM
19	I don't like some of the paper work that families have to go through when on the CCW. The fact that adults don't get preventative dental coverage.	Oct 4, 2011 1:18 PM
20	I think your first response in the previous question sheds light on the assumption that all who have medicaid, have no other insurance. We always have carried private insurance for our family, in addition to our disabled child's medicaid. And I know FOR A FACT, due to a clerical error one time, that if they believe you carry medicaid only, you DO NOT receive the same quality of service! This doesn't shed a very good light on the reputation of your program.	Oct 4, 2011 12:50 PM
21	The reimbursement rates are very low so not all providers accept Medicaid patients. It doesn't cover basic dental services such as cleanings or fillings.	Oct 4, 2011 12:45 PM
22	The initial application process is horrendous, confusing, and the staff at the local DHHS offices dont even seem to have a full understanding, especially around Katie Beckett.	Oct 4, 2011 12:41 PM
23	We found only one place in NH that will accept Medicaid for her (2) hearing aids. And there is no dental. My sister needs dental work that will come from my savings instead.	Oct 4, 2011 12:35 PM
24	I	Oct 4, 2011 12:02 PM
25	There are too many layers in the process, so funding is diluted and doesn't always go to the people needing the help or the their providers.	Oct 4, 2011 8:09 AM
26	There have been times when the negative comments about the insurance useage have really embarrassed me.	Oct 4, 2011 4:12 AM
27	NH Medicaid offers some additional support above to support my child who has ASD through the Katie Beckett Program. Since there is a need for so much ABA therpay for my child it assist with some of those costs. However if it covered the costs like the proposed Connor's Law it would be ideal. This way my family be able to spend more time together and be "normal" so I would not have to work two jobs to get my son's needed ABA.	Oct 3, 2011 1:46 PM
28	NH Medicaid can be impersonal at times - making changes to services covered with difficulty to appeal (e.g. our child still uses pull-ups during evening hours	Oct 1, 2011 8:28 PM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

	though now 10 years old). They changed from name brand product to a non-brand name product saying that they were no noticeable differences. We had more accidents with leaking so we finally cancelled and decided to pay out-of-pocket instead.	
29	1.Never know if a service is actually paid for because there is no EOB generated. 2.Extremely difficult to reach an individual when a question or problem occurs 3.Appeals are not documented in writing,therefore,never have answers	Oct 1, 2011 1:14 PM
30	my daughter needs mitochondrial meds thru her gtube and they are not covered as they are over the counter.	Oct 1, 2011 11:52 AM
31	Law requires you to support a spouse. You feel this is not a legal requirement.	Oct 1, 2011 9:48 AM
32	Monthly spenddown is half of family members monthly income. She cannot pay all of her living expenses each month.	Sep 30, 2011 5:50 PM
33	The amount of time it takes and hoops you have to go through to get durable medical equipment my children need. The limited reimbursement for services like PT.	Sep 30, 2011 1:34 PM
34	there are doctors who do not except it-	Sep 30, 2011 1:07 PM
35	That there isn't enough Government officials who realize that the cuts and decisions they make are about real people and that they destroy lives and people without even knowing there are real people's lives being over turned and ruined by their votes.	Sep 29, 2011 7:07 PM
36	incontinent supplies are good except the pullups/diaperstheycase severe rash and seems to be allergic to ones provided but keep being told I have no other choice, but I can not afford to buy better ones. Also need wet wipesfor All loose poops 3X a day (On small fix income with utilities and other things go up but not income)we keep cut back even on necessities. I unplug almost everything in the home, so if you need a light on;have to bend behind furniture to plug in and both caretakers are disabled too! This is not easy.Furnace kept on 50degrees and wears sweaters told income just barely over limit.(Forced to early retirement due to brain tumor so bills were planed to be paid before retirement were not so bills are high on fix income) etc I assume you get the idea, I have to have specialty food for child while I often do not eat or much is from food pantry,90 to 95% of grocery is for child.	Sep 29, 2011 5:05 AM
37	/ It appears that to that there is not enough understanding between pharmacies and how to bill the customer	Sep 28, 2011 10:59 AM
38	I really like the program , it helps with my son's medical needs. there is nothing that I do not like about the system. It's perfect the way it is!	Sep 28, 2011 5:55 AM
39	Dental coverage (or lack) is an issue.	Sep 28, 2011 5:01 AM
40	Routine Dental needs to be covered for Adults. Dental needs do NOT change once you become an adult. There needs to be the ability to choose what brief	Sep 28, 2011 4:49 AM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

	can be ordered---the current ones are not absorbent enough.	
41	no	Sep 27, 2011 4:30 PM
42	Medicaid switched my daughter's drug program to Medicare Part D - forcing us to have to fill out many complicated forms and tying up her money while we try to recover the very high copays under our private insurance she must pay that the State of New Hampshire has already stated should be lowered because she is below the poverty level and totally disabled. (ie: She must pay \$30 or \$40 dollars for a prescription that she is supposed to be subsidized for \$2.50 to \$6.30, which could add up to a few hundred dollars, which is most of her money)	Sep 27, 2011 4:16 PM
43	Need more medical, dental and developmental services available in region one.	Sep 27, 2011 1:23 PM
44	Information can be hard to locate. We had a very difficult time figuring out how to access physical therapy benefits, for instance. We are also constantly on edge wondering whether our home nursing hours will be cut -- something which would be extremely detrimental to our family, as our daughter requires constant supervision from a qualified professional (or a parent). Without adequate nursing hours we would not be able to keep our jobs, which is bad for everyone.	Sep 27, 2011 11:30 AM
45	Not so great - Hampstead Hospital not participating (I believe it is the only NH inpatient therapeutic setting for developmental disabled youths); no dental coverage for adults	Sep 27, 2011 6:27 AM
46	We have not hd a single difficulty with the current Medicaid program	Sep 26, 2011 3:55 PM
47	Schaller Anderson reviews and approvals/disapprovals of services is never consistent and the folks that are making those decisions dont understand about kids with disabilities like my son yet are the ones to make decisions regarding his care.	Sep 26, 2011 10:22 AM
48	Paperwork process to apply is the only thing that is complicated and confusing	Sep 26, 2011 9:30 AM
49	Fortunately, our primary health insurance covers everything else we need. We appreciate not having to pay co-pays and deductibles.	Sep 25, 2011 6:02 PM
50	The application and re-determination process could be streamlined to simplify eligibility and continuing eligibility to avoid lapses in coverage. Medicaid eligibility period is for one year, yet, I am asked to re-apply every 6 months, and again when I report changes. The amount of mail I receive regarding eligibility status is overwhelming and often contradicting to each notice I receive resulting in a great deal of stress and anxiety that is exaggerated when I am unable to reach my case worker due to calls not being returned. I will also be told conflicting information from workers at DHHS leaving me wondering if they don't know the answers, then how can we all know and be expected to comply.	Sep 24, 2011 2:53 PM
51	DR.s and staff are often condesending and disrespectful to medicaid patients.	Sep 24, 2011 8:12 AM
52	I REALLY WISH THAT HEALTHY KIDS SILVER COVERED EYE GLASSES . IT'S REALLY HARD FOR ME TO COME UP WITH THE MONEY TO PAY FOR THE GLASS THAT MY BOYS NEED EVERY DAY FOR SCOOOL	Sep 24, 2011 4:48 AM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

53	I'm against long term DD support oversight being handed off to a for-profit, likely out of state monstrosity	Sep 23, 2011 2:01 PM
54	Needed services have periodically been cut back	Sep 23, 2011 12:10 PM
55	There is nothing about the current NH Medicaid program I don't like, EXCEPT the ineffective transportation department. This could be helped tremendously by restructuring the department, making some staff changes to reduce the time wasted, reduce bureaucracy, and show respect for clients. i do a great deal of transportation work with DHHS, the state coordinating council for transportation, as well as individual providers. The state Medicsre folks are impossible to work with. Save the big salaries!!!!	Sep 23, 2011 8:38 AM
56	I can't really comment about quality of care since I have not had to use medicaid for purely medical. I have been more than satisfied with the services I have received so far and I do not resent the difficult application process because it is important that only those who need services get them. My main complaint is the FEAR AND UNCERTAINTY about future benefits for the mentally Handicapped.	Sep 23, 2011 6:37 AM
57	It should provide some level of dental care.	Sep 23, 2011 6:21 AM
58	The review method that puts benefits on hold for 90 days has been delayed for "missing" information. My daughter has received two denials on applications since the start of the May 16 review even after all the required paperwork had been turned into the Nashua office. She previously had Medicaid, APTD, food stamps and Medicare. We have passed the 4th mo. and they are still reviewing her case now in Concord NH. It could take another 90 days we were told. Meanwhile she has no benefits and medicare payments have been taken out of ea. mo. SSDI check leaving her basically nothing on which to live after rent and utilities are pd. She will always have the conditions that put her on SSDI to begin with.	Sep 23, 2011 6:21 AM
59	It wastes money. For example, my family member needed to get treatment for a common yeast infection and was prescribed two 100 mg doses to be taken one week apart. Medicaid would not pay for more than one(1) 100 mg dose in a month, but they WOULD pay for two (2) 50 mg doses equalling 100 mg. So her doctor rewrote the prescription - it cost one and a half times as much to pay for two 50 mg doses than for one 100 mg dose. Multiply that and it will give you a sense of how much is wasted. This happens FREQUENTLY with medication.	Sep 23, 2011 4:27 AM
60	I didn't know we could do it.	Sep 22, 2011 3:18 PM
61	Dental, Dental, Dental....	Sep 22, 2011 1:02 PM
62	I've heard that some providers have waitlists just for Medicaid recipients. This would have to end in order for managed care to work properly	Sep 22, 2011 12:50 PM
63	It is constantly in jeopardy of losing funding.	Sep 22, 2011 10:21 AM
64	Every time there is a need for budget cuts, it comes form the neediest citizens. Benewfits get cut even as state employees get raises	Sep 22, 2011 9:22 AM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

65	Occasionally prescription medications have been difficult to get approval and required us to pay for the prescription ourselves until NH Medicaid can review the file. This mostly happens when the doctor has required a "brand" and NH Medicaid only approves a "generic".	Sep 22, 2011 8:11 AM
66	The rules and regulations pertaining to services are not easily accessible. Rules and decisions are made "on the fly". Case managers should know the rules and be able to guide families who have family members who are ill. A for profit company (Schaller - Anderson) makes decisions based on profitability, not on medical care. Schaller - Anderson even has a lobbyist employed to influence decisions at the state house. Interesting isn't it?	Sep 22, 2011 6:47 AM
67	Takes long process for prior authorizations for medical equipment, wheelchair, etc. Then it gets denied when clearly the child is in need.	Sep 22, 2011 6:02 AM
68	My son often needs care outside of NH as his brain damage needs specialists not in NH. Those expenses are not covered. His mental health needs are not covered at all because Community Partners in Dover, which is funded by DHHS, doesn't provide adequate services.	Sep 22, 2011 5:39 AM
69	I like it the way it is and am worried about how it will be if changed.	Sep 22, 2011 5:38 AM
70	Reduction of payments to doctors and hospitals creates a disadvantage to individuals who cannot afford medical care. My family member does not know enough to be worried about these changes. This added concern about whether medical attention would be available falls to other family members who provide daily care and comfort.	Sep 22, 2011 3:06 AM
71	I heard that families will loose the ability to choose their physicians. This is not a cut and dry piece to decide on lightly. There are many factors that need to be taken into consideration before decisions like this can be made on behalf of my daughter. IT IS ONE THING TO HAVE A SPECIFIC SPECIALIST AT CHAD OR CHILDRENS HOSPITAL AT ELIOT AND ANOTHER THING FOR THOSE SAME DR.'S TO HAVE KNOWLEDGE AND EXPERIENCE TREATING CHILDREN WITH SPECIAL NEEDS.	Sep 21, 2011 11:59 AM
72	NO! This system is working wonderfully and should be left alone.	Sep 21, 2011 9:34 AM
73	A lot of doctors don't bill Medicaid at all or, unless you have a primary care insurance, will even agree to take you on as a patient. I don't agree with not covering dental care for adults with Developmental Disabilities. My son is in a residential placement and his entire SSI check pays for rent and hygiene products. When we die, how will he have enough money to pay for dental care? Poor dental care leads to other major health problems, especially heart problems and he was born with congenital heart defects. I am very concerned about the move to Managed Care for Medicaid for people with DD. I don't see how the state can meet the needs of the DD population through Managed Care. I fear that the Area Agency System that supports my son could be dismantled and there will be no one to oversee his program and keep him safe when we are dead. I don't want to deal with a managed care company who doesn't care about the daily needs of my son. Their primary goal will be to save money, not to meet the needs of the weak and vulnerable.	Sep 21, 2011 6:40 AM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

74	Limitation of particular services like speech or OT. You only get so many visits and with a disability, you always need more.	Sep 21, 2011 6:32 AM
75	I have a special needs child and she uses Medicaid as a secondary insurance. It was an act of Congress for her to qualify. I was not looking for Medicaid to pay 100% of her medical bills just a little help. I felt like she was not worthy of having it???? I also would like to add that if you are applying for Medicaid or any assistance from the Government you should drug test the applicant!!!!!! Why is this not being done?	Sep 21, 2011 4:28 AM
76	The house and senate practice mediscam, putting federal match into the general fund, balancing the state budget on the backs of the poor, elderly and disabled.	Sep 20, 2011 6:06 PM
77	We need to look into people who abuse the system. Not trying to be rude but, if the child or children is healthy why take it from someone who REALLY needs it, like Never take away from the disabled (child etc).	Sep 20, 2011 6:01 PM
78	I have no problems with the current NH Medicaid program	Sep 20, 2011 5:55 PM
79	I hate having to recertify so often! My child was born with a condition that will never change. It is incurable and to have to recertify is paperwork intensive, time consuming and confusing for those of us who have a private primary insurance and use Medicaid as secondary insurance!	Sep 20, 2011 5:14 PM
80	I have had no problems at all with in. It has been remarkable.	Sep 20, 2011 5:06 PM
81	For an adult with services it does not fit there needs.....programs should be customized as to match their program plan and budget.....each individual with disabillites is different as their needs are different.....	Sep 20, 2011 3:23 PM
82	DHHS has unwritten rules that are not consistent with NH laws and suddenly demand thousands and thousands of dollars of families and the disabled and get away with it. Then, they still will not inform the families of the rules and entrap other families. In my opinion, the Department of Special Investigations should be done away with and save the money. They are using government money to threaten and cheat innocent people that are supposed to be being helped. They help families with both parents more than they do single Moms whose husbands left it up to them to raise the kids, and get away with low child support. There is no real appeal either. Some of the case managers humiliate and do not help the families either. It is not that they are busy, they obviously don't care.	Sep 20, 2011 3:18 PM
83	I could not think of three things that I don't like. My main concern is that children Healthy Kids does not cover ABA (behavior-based) therapy for children with an autism spectrum disorder. This is an evidence based treatment recommended by the American Academy of Pediatrics and should be covered under EPSDT. Furthermore, it REDUCES the need for costly special education and long term adult care.	Sep 20, 2011 3:13 PM
84	Having to do the paperwork every six months when as a single mother, and working 50 + hours a week, I do not have the time. Nothing has changed for years, so why do I have to do it every six months?	Sep 20, 2011 12:56 PM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

85	That it is constantly under direct threat every budget cycle. Our legislature plays with numbers and forgets actual people are attached and depend on those numbers. The people don't disappear just because they cut the funding.	Sep 20, 2011 12:20 PM
86	It makes us waste gasoline when they won't fill prescriptions a few days before we run out. If you have a bunch of prescriptions, you have to keep running to the pharmacy because of this stupid rule that makes us waste our \$4 per gallon gasoline. We can't afford it!!! Change this stupid rule!!!	Sep 20, 2011 11:05 AM
87	No. It is working fine now. Why mess with it?!?!	Sep 20, 2011 11:04 AM
88	I think the program tries to meet the needs of the people to the best of it's ability. The only thing is the lack of dental coverage	Sep 20, 2011 10:52 AM
89	I dislike the fact that few dentists accept it. This requires me to drive 75 minutes -- and back -- to my son's dentist. I also dislike the slowness of the process of approval for durable medical goods. My son was measured for a new seating system for his wheel year a year ago. We still haven't received the system. In the meantime, he had a growth spurt. We will have to order a new wheelchair as soon as "new" chair arrives. This is stupid and wasteful.	Sep 20, 2011 10:52 AM
90	It only pays for a very few amount of therapy sessions. It doesn't cover supplements. It was very very difficult to get my home mode. Very confusing and restricting.	Sep 20, 2011 10:34 AM
91	my mail order service (medco) will not recognize medicaid so i have to fill his meds locally. it would save tons of money over his childhood if i could do mail order service instead of local pharmacy.	Sep 20, 2011 10:12 AM
92	The prescription program is difficult to use.	Sep 20, 2011 8:51 AM
93	I do not think there is anything wrong with the current system except that there is no preventative dental care for adults.	Sep 20, 2011 8:28 AM
94	no	Sep 20, 2011 8:04 AM
95	Pre-authorizations for prescriptions/ medical treatment can be challenging unless you have a pharmacist or doctor who knows how to do this effectively.	Sep 20, 2011 6:50 AM
96	We are limited in what providers we can use.	Sep 20, 2011 5:54 AM
97	HC-CSD is HOME care for child with severe disabilities. Sometimes, when a child needs it most, he loses coverage because he has to be in the hospital, and therefore not at home. This is a terrible loop hole	Sep 20, 2011 3:36 AM
98	Would be helpful if you could actually reach our assigned Family Service Specialist. I've wasted WEEKS trying to contact the Nashua office with no return call. Ended up going through Concord and even that was extremely trying! Have spoken to several families who just give up... that's not good.	Sep 20, 2011 12:14 AM
99	As a developmentally challanged person we feel the current NH medicaid program meets our sons needs in a cost effective fashion as it is coordinated well by Gateways Community Services in Nashua	Sep 19, 2011 6:52 PM

Page 5, Q19. Is there anything else about the current NH Medicaid program that you don't like that you would like to tell us about?

100	It is hard to follow and understand what's changing from one year to the next. My son is now 22 and each year we haven't known if his program was approved until a short time before the new year went into effect which makes it difficult to plan or retain providers.	Sep 19, 2011 4:10 PM
101	It is not realistic to exclude dental: A citizen who needs medicaid help needs to have good dental health; System needs more flexibility to have the local Area Agency use the funds help the individuals served;	Sep 19, 2011 2:38 PM
102	The state does not recognize the need for medical aides used at home for children whom have Autism. Yet they will pay for Hospice or an aide if it was a physical impairment rather than an emotional impairment. The state would have to pay more if these children became institutionalize. The state could give more leniency for children to have braces. The state needs more private mental health therapist that specialize in Autism that would accept the insurance. If your child needs this type of therapy you are left with only the community councils.	Sep 19, 2011 1:23 PM
103	No	Sep 19, 2011 1:02 PM
104	Nursing service agencies dictate what services they provide - despite laws saying what they are to supposed to. For example, an autistic child that requires interaction with other children to learn how to talk, learn safety and social survival skills is only covered if that nursing service is in the home - which contradicts the essence of the prescribed care.	Sep 19, 2011 10:50 AM
105	medicare/medicaid do not offer competitive rates to health care providers. As the system changes I am worried that many health care offices will not be able to continue to provide services and the neediest among our populations will be forced to choose food and shelter over medical care which will ultimately bankrupt our state and nation.	Sep 17, 2011 2:17 PM
106	The written documents may say that it provides all the care but in reality, coverage in areas such as dental just does not exist.	Sep 17, 2011 12:04 PM
107	It should cover dental because poor dental health causes physical health issues.	Sep 16, 2011 6:21 PM
108	To be more specific, my daughter can only receive Medicaid coverage as long as she is already covered by provate health insurance. I am an uninsured student so the burden of insuring her falls to her dad. If something happens to his job, there is no safety net.	Sep 16, 2011 4:16 PM
109	The fact that the HCBC waivers are managed by area agencies which is a deep conflict of interest as it is directed to their benefit not the clients. Too many over charges. Definately not cost effective! Sad that the state chooses to turn a blind eye on documented proof.	Sep 16, 2011 11:19 AM

Page 5, Q20. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider ...

1	choice to continue to see the doctor I have been seeing for 23 years	Oct 5, 2011 2:17 PM
2	People on Medicaid usually have low IQ and have a hard time reading text that is over their level	Oct 5, 2011 1:40 PM
3	Have any and all programs consumer directed.	Oct 5, 2011 11:35 AM
4	Accepting recommendations made by the treating doctor and therapists. Not the care provider overseen the program	Oct 5, 2011 10:10 AM
5	please do not restrict choice of doctors, there are specialists that can only be found in Boston or at DHMC.	Oct 5, 2011 9:44 AM
6	ABA coverage for autism	Oct 5, 2011 5:51 AM
7	Assure quality and choice of doctors, Continued expansion and support of individuals and families being able to be in charge of their community based services	Oct 4, 2011 1:18 PM
8	Having case managers assigned to clients	Oct 4, 2011 12:50 PM
9	Having access to Boston Children's Hospital & other large health organizations. These organisations have the resources to offer low cost or no cost services to individuals with disabilities. My daughter needed maxillofacial surgery that wasn't covered by Medicaid but the plastic surgeon at Children's Hospital paid for the procedure himself. We are so grateful to have had that opportunity for our daughter. It has made a huge impact in her life.	Oct 4, 2011 12:45 PM
10	adding dental coverage. Also making payments to providers better so they will accept Medicaid patients.	Oct 4, 2011 12:35 PM
11	Medicaid should not be administered by a for profit private insurance company.	Oct 4, 2011 8:09 AM
12	pays for services my family member needs	Oct 4, 2011 7:50 AM
13	all the monies set aside for individuals gets used for this purpose...not for program administration	Oct 4, 2011 4:12 AM
14	Making sure respite is available, especially for the folks who have dual diagnosis (mental health and developmental). It is essential to have this population only use the emergency rooms/NH Hospital when it is necessary and to have an alternative resources that can assist them in time of "crisis".	Oct 3, 2011 1:46 PM
15	need same access to doctors now seeing (e.g. specialist both in-state and out-of-state	Oct 1, 2011 8:28 PM
16	For many, receiving services is a life or death situation and the persons are unable to work due to their conditions thus unable to pay for insurance and/or care.	Sep 30, 2011 11:59 AM

Page 5, Q20. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider ...

17	dental plan that does more than pull teeth!	Sep 30, 2011 11:59 AM
18	my spouse deals most with med bills and insurance	Sep 29, 2011 5:05 AM
19	Less paperwork	Sep 28, 2011 4:18 PM
20	It is hard to choose just three. I worry about the doctors since my son has a rare condition, I wouldn't want him to have to choose a different doctor.	Sep 28, 2011 9:16 AM
21	Continue being able to go to Children's Hospital in Boston	Sep 28, 2011 4:49 AM
22	Having the same services and providers that my child has now still be available	Sep 27, 2011 1:23 PM
23	That it covers behavioral and psychological support, such as ABA, counseling or therapies appropriate for the person's developmental disability.I;	Sep 27, 2011 6:05 AM
24	Not losing any of the services my family member already has that allow her to stay at home.	Sep 26, 2011 9:42 PM
25	a reasonable case management system where there was more direct family support	Sep 26, 2011 5:38 PM
26	keeping drs and services covered the same	Sep 26, 2011 9:30 AM
27	uniform forms and reporting for all agents involved in care to avoid duplication of effort for parents/guardians	Sep 26, 2011 5:30 AM
28	Reduce the paperwork and multiple eligibility notices that contradict each other. Calls that are returned in a timely fashion or perhaps an electronic account to access for personal case information.	Sep 24, 2011 2:53 PM
29	Keep the current 10 Area Agency system in place for case management of supports	Sep 23, 2011 2:01 PM
30	Can't really choose here, these all go hand in hand and are of equal importance.	Sep 23, 2011 11:26 AM
31	Reduce overhead waste. Put the funds available into direct care.	Sep 23, 2011 8:38 AM
32	All of the above. Having a consistent POC and access to high quality care is essential to maintaining stability for patients with extreme illness.	Sep 23, 2011 4:27 AM
33	Care is Coordinated and community based with full access to specialty care	Sep 22, 2011 1:02 PM
34	no waitlist for this type of insurance	Sep 22, 2011 12:50 PM
35	Eliminate the profit motive from the private insurance company.	Sep 22, 2011 10:21 AM
36	To include being able to see Doctors in Boston that we are already established with	Sep 22, 2011 6:02 AM

Page 5, Q20. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider ...

37	ALL OF THE ABOVE	Sep 21, 2011 4:16 PM
38	Who will this local health care provider be? Is it my current pediatrician who knows my daughters medical history? Is it Joe Smoe who has never laid eyes on her and is making decisions based on something in a text book?	Sep 21, 2011 11:59 AM
39	WE GET THIS NOW WITH THE SYSTEM IN PLACE.	Sep 21, 2011 9:34 AM
40	It goes without saying that the program should be easy to use and the rules understandable. Hello!!	Sep 21, 2011 6:40 AM
41	Include coverage for supplements and other alternative therapies	Sep 21, 2011 6:32 AM
42	Keep at least what we now have.	Sep 20, 2011 6:06 PM
43	Apply every 2 years	Sep 20, 2011 6:01 PM
44	Must cover children's therapy adequately -- speech, ABA, OT, etc. Mental health is health.	Sep 20, 2011 3:13 PM
45	I would carve out long term supports. Those who need LTC are not necessarily ill and in need of a doctor.	Sep 20, 2011 12:20 PM
46	keeping the programs such as the iN home Support waiver and the community based supports waiver	Sep 20, 2011 10:52 AM
47	revising prescription services to work with mail order programs	Sep 20, 2011 10:12 AM
48	Include mental health and substqance abuse conseling; make sure it pays for the services i need	Sep 20, 2011 8:28 AM
49	All of the above are very important.	Sep 20, 2011 6:50 AM
50	Keeping current doctors who have been my provider for over 20 years	Sep 20, 2011 5:41 AM
51	Improve quality, add services, keep administrative costs low,under 10 percent so that care and it's quality are not downgraded to insure profits to the MCO	Sep 19, 2011 6:52 PM
52	Continuing to have input to design the day program for my son.	Sep 19, 2011 1:43 PM
53	I worry that a local health care provider will not be well versed in issues of the developmentally disabled and will limit access to beneficial providers/services	Sep 19, 2011 1:27 PM
54	United Healthcare is a great example	Sep 19, 2011 1:16 PM
55	All services related to Applied Behavior Analysis	Sep 19, 2011 10:50 AM
56	Making sure multiple specialists were available	Sep 18, 2011 5:49 PM
57	allowing payment for doctors to form support teams with specialists involved in	Sep 17, 2011 2:17 PM

Page 5, Q20. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider ...

patient care

- | | | |
|----|--|-----------------------|
| 58 | Decisions on what services I get must be made by my local PCP and not a Managed Care administrator. | Sep 17, 2011 12:04 PM |
| 59 | Responsiveness of health providers - she is three months overdue for her client-centered conference. | Sep 16, 2011 4:16 PM |

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

1	The Dental Program - orthodontics	Oct 5, 2011 3:55 PM
2	Medicaid should stress to people to report fraud by vendors to keep Medicaid cost down.	Oct 5, 2011 3:20 PM
3	Yes people who are capable of work.	Oct 5, 2011 1:40 PM
4	Not seeing what was billed to Medicaid. Also Medicaid to school is confusing and in the end difficult to verify something was purchased against your child's Medicaid.	Oct 5, 2011 12:20 PM
5	Customer Service. Increase in Speech Services for children on Medicaid to help them with his/her future independence.	Oct 5, 2011 12:14 PM
6	I think it is always important to realize that we are helping to support people, not a number. We are all different and have different needs. Therefore, we should be looking closely at the supports that each and everyone needs and adjusting them accordingly.	Oct 5, 2011 11:35 AM
7	Late and low payments to providers, it is cumbersome for them to bill Medicaid, they get paid late and lower rates, iffff.... paid at all. At least that is what I hear from providers who do not accept Medicaid	Oct 5, 2011 10:10 AM
8	I think co-pays are acceptable, I was actually pleased when my pharmacy began to collect co-pays for drugs. I think this population can afford reasonable co-pays. We are not asking for a hand-out.	Oct 5, 2011 9:44 AM
9	Yes there are inefficiencies. But it doesn't mean throwing the baby out with the bathwater. Also, I guarantee that there will be MORE inefficiencies in a managed care model, the first of which is that the overhead must include a profit. Also, question 12 below is a loaded question and poorly worded. What does "personal responsibility" mean in this context?	Oct 5, 2011 9:41 AM
10	Not for us	Oct 5, 2011 8:52 AM
11	Not sure	Oct 5, 2011 8:30 AM
12	There are current inefficiencies. The specialists that are sometimes needed are not always accepting Medicaid coverage which can compromise care at times.	Oct 5, 2011 7:11 AM
13	Again, the medication coverage issues that arise where a prescription will be covered by Medicaid for over a year and then suddenly not covered. Many phone calls usually have to be made to resolve these issues with no prior notification from Medicaid that these changes may occur.	Oct 5, 2011 7:10 AM
14	Maybe have renewals more infrequently for individuals who have a significant disability that is not going to change.	Oct 5, 2011 5:55 AM
15	No, not at all. I think this would make it more difficult to obtain necessary and quality services. I've also worked in healthcare (20 years). I've seen the problems with Medicaid and managed care. Managed care will only effectively manage some duplicate or wasteful practices, however the managed care model treats all cases the same thereby eliminating services under the pretense of not a	Oct 4, 2011 7:30 PM

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	covered expense, doesn't meet inflated/restrictive criteria, deductibles, etc., etc. I can get by or make due, but my kids and many other individuals with a disability cannot. As a society we need to act responsibly.	
16	Yes	Oct 4, 2011 4:30 PM
17	For people that have a permanent disability there is often redundant paper work. Part D forced for individuals who have both Medicare and Medicaid...this ended up costing us more. It would be nice if this is an option not a mandate...Continually having to check plans for med coverage year after year and watch for the co-pay charges.	Oct 4, 2011 1:18 PM
18	Yes. If there were updated case profiles for clients, you would know immediately what they have used and benefited from in their health history, and you would cut down on costly paper chases and appeals for items that are obvious to the individuals life, that risk rejection by the uninformed. You would know with computer access, whether what the person is requesting, for ex. equipment, makes sense, or is a superfluous claim. (I know this also, from personal experience.) I do not understand the run arounds that caregivers are expected to perform when applying for the obvious with regard to claims for their dependent person. I fear the new system will just require more confrontation to achieve one's necessary goals.	Oct 4, 2011 12:50 PM
19	No, for the most part the program works well as is, or at least that has been our experience.	Oct 4, 2011 12:45 PM
20	We have used all the services except monies that were put aside for camp. My sister would have loved it but fortunatly as well, she was just too busy. We gave that money back when we did the annual review.	Oct 4, 2011 12:35 PM
21	Yes, all the layers of bureaucracy need to be eliminated. Staff needs to be trained in communicating with the people they serve.	Oct 4, 2011 8:09 AM
22	eligibility difficulty, length of time it takes for insurance to become effective.	Oct 4, 2011 4:12 AM
23	Way to much regulation and paperwork. The use of electronic devices should eliminate the use of any paperwork. It should become a mandatory tool for all state and state contracted employees. Also all of this office space everywhere is un-necessary. 90% of work can be completed remotely if staff had the proper electronic devices. There just needs to be small spaces available for training and meetings. This would cut down on building, heating and cooling costs all over the state. Also families should not have to drive all over the state for medical appointments when there is the available use video conferencing and telemedication. There should be sites set up in various parts of the state to make this work and cut down on emissions and travel. Taking personal responsibility is very important for all families. However if you have a parents who will not take responsibility that should not affect how a needy child and a developmentally disabled adult is supported. Medicaid Care Managment can be a really good opportunity to make some sound useful changes.	Oct 3, 2011 1:46 PM
24	One area that needs to be improved is the administrative side of Medicaid. Just today, we got two forms from Medicaid for the exact same think - an explanation	Oct 1, 2011 8:28 PM

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	of change of services (or should I say a cut in services). Simplifying forms and making available in PDF format to complete to print and mail back, etc.	
25	1.Lack of easy to access personnel to answer questions 2.Unable to determine what services have been paid due to lack of written documentation 3.Clear medication guidelines with available personnel to answer questions	Oct 1, 2011 1:14 PM
26	My family member is not capable of understanding the in-out spenddown. I have to manage it for her.	Sep 30, 2011 5:50 PM
27	inefficiencies in wait time for durable medical equipment. Lack of dentists and other providers that will take Medicaid.	Sep 30, 2011 1:34 PM
28	having to file the same paperwork every year to continue using the program...	Sep 30, 2011 1:07 PM
29	Not sure at this time	Sep 30, 2011 11:59 AM
30	Multiple mailings to the same household.	Sep 30, 2011 11:59 AM
31	The new one would destroy people and their lives.	Sep 29, 2011 7:07 PM
32	Not sure because it has only been used so far as a subsidy for our regular insurance and for respite...which is very important.	Sep 29, 2011 12:05 PM
33	many repetitive questions on each same form, is not that a waste when I have to write child's name 3 or more times on one side of one paper? etc	Sep 29, 2011 5:05 AM
34	This will be a disaster for my son. other states have tired this approach and backed away from it. Why is that we have to follow suit.	Sep 28, 2011 10:59 AM
35	The lack of communication between Medicaid and Social Security.	Sep 28, 2011 9:16 AM
36	Efficiency in the program. The application could be reworked. For instance, if a person doesn't need food stamps/welfare, they should have a simpler form just for the Medicaid part. When many dentists accepted Medicaid, they often would only see those clients during certain times of the day - a person could feel like they are segregated - they don't mix the "paying" public with the "freebies."	Sep 28, 2011 5:01 AM
37	haven't been in the program long enough	Sep 27, 2011 4:30 PM
38	Ease of the application process and evaluation of eligibility. To have one quick initial interview to discuss what is needed with examples and then have a second meeting for application w assistance filling it out. And to have eval of eligibility in the local location. one less step	Sep 27, 2011 1:23 PM
39	More information should be provided online. Renewal should be easy and online for ALL participants, not just some of them (it's not at all clear to us if our daughter, who qualifies under Katie Beckett, should reapply via paper or online. We'll be doing paper just to be safe.)	Sep 27, 2011 11:30 AM
40	it feels like a waste of time and money for both NH Medicaid and for us to complete the annual forms for someone who is developmentally or permanently disabled.... it's not as though they are suddenly cured and no longer in need.... I	Sep 27, 2011 6:27 AM

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	agree that NH residency must be confirmed as well as perhaps any change in income (as beneficiary to an estate, or other unexpected resource)	
41	Not in my experience.	Sep 27, 2011 6:05 AM
42	Too many overseers and not enough caregivers. Difficulty getting any respite care.	Sep 26, 2011 9:42 PM
43	NO, absolutely no. I believe that the huge case loads are a terrible problem and that if case workers were better paid and more prevalent and took care of small numbers of families, but could work in depth with families, helping families create more successful natural supports this would ultimately cost NH much less money, because successful families enables more opportunities for contributing families instead of needy families who drain the system.	Sep 26, 2011 5:38 PM
44	The mileage reimbursement program is difficult to fill out the forms, electronic forms would b helpful.	Sep 26, 2011 3:55 PM
45	Yes. Why do you look at purchasing new equipment for kids when you could have some type of program to recycle the old equipment thats in good condition for other kids. Like offer parents an incentive or rebate toward other equipment, etc.	Sep 26, 2011 10:22 AM
46	Honestly seems like people are discouraged from applying because the paperwork is daunting even for me who was a social worker for years.	Sep 26, 2011 9:30 AM
47	Formns and documents, etc. should be easier to interpret.	Sep 26, 2011 7:29 AM
48	a computerized dadt base with ALL the user's medical information accessible to all providers would streamline doctor visits and OT and PT provider visits - all specialist could review the SAME files to determine patient statis forand needs	Sep 26, 2011 5:30 AM
49	None that I use!	Sep 25, 2011 10:52 AM
50	See above comments to questions 7 & 8	Sep 24, 2011 2:53 PM
51	Need to beef up fraud investigation so people with DD/ABD don't suffer from others using services illegally	Sep 23, 2011 2:01 PM
52	My adult son has schizo-affective disorder. I would like more families to be involved in care. The way it is now a parent cannot find out anything unless a person signs a release of information. I wouldn't even be informed if he was hospitalized and psychotic unless he signed a ROI.	Sep 23, 2011 12:28 PM
53	Remove administrative levels. Ensure short pathways to assistance (co-locate with town government offices/contribute to salary line of town employees). Ensure spending on program areas is coordinated at all levels and fewer contracts are issued: Take uncertainty out eligibility, establish longer periods (i.e. monthly eligibility).	Sep 23, 2011 11:26 AM
54	Too many people in the state offices who are ineffective bureaucrats. The Commissioner is not one of these!!! Give the transportation head the boot, or at least force her to be responsive to someone,maybe even, God forbid, agencies	Sep 23, 2011 8:38 AM

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	or EVEN clients! This is an area of major waste, and one in which the forum/focus approach could rally be effective. Transportation in this state needs all the help it can get and needs continual attention, not constant stonewalling.	
55	I was astonished that communication between Concord and the local office should have been so poor that it took from March 2011 to September 2011 for William's determination approval to be in the local system.	Sep 23, 2011 6:37 AM
56	NO!	Sep 23, 2011 6:21 AM
57	The review process for benefits seriously needs attention.	Sep 23, 2011 6:21 AM
58	I think the dept could save money by requiring all to make co pays on prescriptions.	Sep 23, 2011 5:26 AM
59	Low quality providers should be replaced and patients given access to a wide range of services because high quality care = lower costs. Providers who need to compete because they aren't up to par will then increase their knowledge and approach to health in order to preserve the benefits of having a medicaid patient.	Sep 23, 2011 4:27 AM
60	Better education to the public ...eligibility...benefits package... you know.. like a 'real' insurance company. Clear consumer friendly language.	Sep 22, 2011 1:02 PM
61	Colleges and universities should be involved in the process.	Sep 22, 2011 10:21 AM
62	The complexity of Mediciad has to be chewing up resourcves that could be better used elsewhere	Sep 22, 2011 9:22 AM
63	easy access to someone who can answer questions about what is covered and what is not. Decisions based on age (no matter what the documentation or disability) are appalling. This is particularly true when your child has a 1:1,000,000 problem and it is minimized due to the cost. The change to managed care seems to be solely based on cost, not on what is best for a very needy population.	Sep 22, 2011 6:47 AM
64	Of course, the state is running it. Almost every program that is contracted out from the state runs better. We have terrible leadership at DHHS and a state that relies on selling alcohol to raise revenue and then we wonder why our statistics are what they are for substance use. Until the leadership changes, the problems won't. This change to hire a local health provider is a great one!	Sep 22, 2011 5:39 AM
65	Not that I'm aware of. We've only had HK Silver for just over 1 year.	Sep 22, 2011 5:38 AM
66	My family member has a permanent developmental disability and relies on Social Security for her annual income, with eight hours of minimum wage income from a job. She is in the MEAD program. Streamline the yearly renewal process for individuals in this category so employees at DHHS can devote their time to other areas of need.	Sep 22, 2011 3:06 AM
67	I think adding another layer of bureaucracy and profit-seeking by involving a private insurance company will be very inefficient.	Sep 21, 2011 4:16 PM

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

68	Maybe one area -- we should charge more for "Healthy Kids" program recipients who make more money. I think they are charged too little at this time and get great benefits.	Sep 21, 2011 9:34 AM
69	Paperwork process has to be done every year for people who have a permanent developmental disabilities. Their disability will never go away. Can we make the process easier for these folks? It's frustrating not being able to reach a person on the phone in the Medicaid office.	Sep 21, 2011 6:40 AM
70	Services that doctors recommend are not cover because they are "out of the box". Allow for a choice of what type of services we can choose from, e.i. supplements, massage, etc.	Sep 21, 2011 6:32 AM
71	None that I can think of..... the AA system costs about 8%. I don't think a MCC can/will do it for less that 15%. I have been on the family support council for about 20 years and rep to the BOD for about 8 years. I am also a former (retired) AA employee.... I see no nefficiencys	Sep 20, 2011 6:06 PM
72	Look at the disabled changes at the age of 18...don't re-apply every year unless there health changes got better.	Sep 20, 2011 6:01 PM
73	Yes, you can never get a person to see you or ever respond back to your questions in the Laconia office! I was never able to gain access to the medicaid site although I got a letter. The one form fits all is horrible and confusing to people who have the Katie Beckett Waiver!	Sep 20, 2011 5:14 PM
74	It has been wonderful	Sep 20, 2011 5:06 PM
75	communication and clarity of rules and budgeting.....I have a HUGE problem with them telling us what is and what is not exercise....tradional exercise is not always easy for people with disabilities.....yet they dictate it is.....why???	Sep 20, 2011 3:23 PM
76	See the above. Also there are areas of duplication between agencies that could be eliminated. The Medicaid program should take advantage of federal funding available.	Sep 20, 2011 3:18 PM
77	Yes. Managed care could provide family caregivers with access to care coordination that reaches beyond the silo of medical providers, blending primary and specialty medical services with "habilitative" care (developmental or community mental health long term supports) and therapeutic interventions (OT, Speech, counseling, behavior management, etc.).	Sep 20, 2011 3:13 PM
78	The same rules, in EVERY district office. Not changing "rules" without notice and shutting off benefits without notification.	Sep 20, 2011 12:56 PM
79	In the DD area, the actual financial contribution of families is not considered when deciding the value of supports. Also, that the matching Federal dollars don't stay within the programs they were intended for. Hiring a For-Profit entity to manage the care in NH makes no sense at all when the Area Agencies (DD system) are already doing it, doing it well, and doing it for under 9% on average.	Sep 20, 2011 12:20 PM
80	Medicaid Mileage reimbursement seems to be deliberately difficult and hard to	Sep 20, 2011 11:42 AM

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	access. The information is not readily shared by providers or the DHHS office.	
81	You continue to cause autism by shooting mercury into babies with vaccines. If you knew what you were doing, you'd stop shooting that mercury into people and teach everyone how to remove it.	Sep 20, 2011 11:05 AM
82	No	Sep 20, 2011 11:04 AM
83	In-Home-Supports are administered by area agencies. They take a 25% cut for their services. For what they do (nag me to fill out stupid forms and handle payroll) this is much too high. Centralize payroll and get rid of the many forms.	Sep 20, 2011 10:52 AM
84	Perfect world, it would cover everything and all the person needs.	Sep 20, 2011 10:34 AM
85	other than mail order prescription options, no! we consider ourselves extremely fortunate to have this program for our son.	Sep 20, 2011 10:12 AM
86	The list of Doctors that accept Medicaid and the services seems to shrink every year. When you care for someone who has many medical challenges they need a to have options. The over the counter medicine list needs to be looked at.	Sep 20, 2011 8:04 AM
87	I have had mostly good experiences with the current system for the services my son receives.	Sep 20, 2011 6:50 AM
88	There is virtually no way to know what is covered and what is not! It's all a big secret and makes people feel they are being encouraged not to use services.	Sep 20, 2011 5:54 AM
89	Have not had issues with medicaid. It pays for all DR and CCW	Sep 20, 2011 5:41 AM
90	No	Sep 19, 2011 6:52 PM
91	n/a	Sep 19, 2011 5:05 PM
92	No	Sep 19, 2011 5:03 PM
93	Looking at the services and care my son receives for his developmental disability, I would say no. Gateways of Nashua does an extremely effective job of providing oversight and resources needed to manage our personalized program that ensures my son's basic needs are met and that he is a contributing member of society to the extent that is possible.	Sep 19, 2011 4:10 PM
94	Trying to get on it not but the spend down they have it's too high for me	Sep 19, 2011 2:13 PM
95	No	Sep 19, 2011 1:23 PM
96	Reimburse doctors/professionals at a competitive rate so that more doctors/professionals will accept Medicaid.	Sep 19, 2011 1:16 PM
97	Not that I am aware of	Sep 19, 2011 1:02 PM
98	Service and budget options are not communicated to participants.	Sep 19, 2011 10:50 AM
99	doctors do not have enough time allowed per visit to hear about complicated	Sep 17, 2011 2:17 PM

Page 5, Q21. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	medical situations, to ask questions, to work with teams of specialists and community care teams. if there could be a monthly "rounds" or quarterly meeting involving the entire care team we could save a lot of time/effort and provide the best possible care options to complicated cases	
100	Services are now performed in order for the organization to receive funding (fee for service) so it can serve all its clients. The managed care principle can improve on this but will end up being worse if sufficient funding is not provided up front. This change is being done much, much too rapidly. It will result in gross confusion & unintended consequences. Once you jump from the airplane, it is too late to determine if the parachute is adequate & functional.	Sep 17, 2011 12:04 PM
101	I have not had any problems with the current Medicaid system.	Sep 16, 2011 6:21 PM
102	I think the In-Shape program should be a covered service. Since she began this program, my daughter has avoided hospitalization, reduced her prescribed medications and returned to high school. The encouragement coupled with the mind/body interactions have helped her to become higher-functioning and autonomous. She will graduate in June and expects to take training as an LNA!	Sep 16, 2011 4:16 PM
103	It would be easier and improve quality of services if our health care provider is the one who determines medical necessity. I currently use medicaid as a secondary insurance for my children. I would expect their coverage to be seamless between the two insurance companies.	Sep 16, 2011 2:09 PM
104	Application to qualify requires enormous time and effort and perseverance, and may require professional assistance that is not often available. Once enrolled, paperwork is excessive and burdensome. This managed care model will add significantly to the inefficiency. Oversight of expenditures is already many-layered in the DD system, and this will be just more layers of redundant and uninformed "oversight," which itself will siphon off funds needed for services. Oversight by someone not closely involved with the client will focus on the bottom line, as all managed care systems do, and will end up costing more by denying needed care in a timely manner, leading to more expensive measures later on.	Sep 16, 2011 12:17 PM
105	Duplication at all levels	Sep 16, 2011 11:11 AM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

1	Do we want to change the program, why change something that is working so well?? We have too much to do with a medically demanding child, we don't have the time to make all the changes. It is working great right now, everything is in place, there is no time to make changes, I am working too much and just am too exhausted to explore new changes. Please leave it alone. Thank you.	Oct 5, 2011 3:23 PM
2	I would like better and more products to choose from in diapers since I have 3 who will be needed them all their life.	Oct 5, 2011 2:54 PM
3	What will happen to people who have their own doctors and only use medicaid as their secondary insurance. Must they use managed care.	Oct 5, 2011 2:20 PM
4	The language that is used in letters or information, should be in very basic and easily understood language and not a lot of maunboo language or legal language.	Oct 5, 2011 1:41 PM
5	Not at this time...	Oct 5, 2011 12:20 PM
6	I was told deductibles for in-home ABA therapy covered by primary insurance is not covered and think that it would be great if this was a covered expense	Oct 5, 2011 12:14 PM
7	It is very important for any program to be person centered and not cookie cutter. We are all different and have different needs. For us, the number one item is a strict diet and exercise program. Without it, our sons health will decline and/or be fatal. Therefore, it is very important that we have access to personal trainers in order to keep our son out of the ER or the hospital.	Oct 5, 2011 11:38 AM
8	Community partners, area Agencies, Gateways community services are THE model for what works in the Medicaid sistem I wish their model could be duplicated in all the state, they are a very lean organization who has the best interest of our loved one within the community.	Oct 5, 2011 10:12 AM
9	Please do not restrict access to in-state providers only, or a limited network. This is fine when you are a healthy individual. But children, with neurodevelopmental disorders such as autism, become adults who will never be able to be employed. They will require medicare and will need specialists to care for them into adulthood. These services are not offered in the community at this point in time. Only the academic centers have this speciality care.	Oct 5, 2011 9:47 AM
10	Thank you for everything. MB Smaha on behalf of Evelyn Smaha	Oct 5, 2011 8:53 AM
11	I'm a single mother with a child who has autism. If he did not qualify for LNA care through Medicaid, I would honestly, truly, absolutely be destitute. I am so thankful for the services we receive.	Oct 5, 2011 8:29 AM
12	Make it easy to understand, fund it, and provide coverage for those that need it.	Oct 5, 2011 8:15 AM
13	Please make specialists availalbe for kiddos with complex health care needs. Without these specialists, many kids will not get the services they need.	Oct 5, 2011 8:00 AM
14	I have been my sisters guardian for over 3 years and two 2 days ago went to CVS to pick up an RX for her and was told it was no longer covered by Medicaid. When I called Medicaid they said that they could not talk to me because there	Oct 5, 2011 7:13 AM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

was no record of me being her guardian on file with them. There has been documentation on file for over 3 years and it was now nowhere to be found. I was told to fax over proof of guardianship, again.

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| 15 | nothing else | Oct 5, 2011 7:11 AM |
| 16 | I think limits on visits were reasonable as far as how often do you see your doctor or go to the ER. I just will reiterate my concern around the physical therapy as it can be such a big component to the health of someone with cerebral palsy. This also saves a lot more money than what it cost when you consider the cost of regression and loss of function that happens to individuals. Many times physical therapy is tricky for someone with CP and to assume just any lay person can perform those skills is unrealistic. | Oct 5, 2011 5:59 AM |
| 17 | There needs to be a collective effort to improve the quality of care for all our citizens and be cost effective in the process. What I've witnessed so far appears to be a concentrated effort to dismantle a creative, effective delivery system (The Area Agency System) and replace it with an entity (HMO) that will most assuredly deny services, especially to those more vulnerable and ill-equipped to navigate the vast collection of reasons for denial, red tape and rhetoric. This state is "property rich" and "tax poor". When are we going to stop squeezing those with the least until they bleed and roll up our sleeves and work together to produce an idea that works for all! My name is Bill Doherty, I live at 58 Davis Road in Merrimack, NH. Our family has lived here for 21 years. We have three children with Autism ages 20 (soon to be 21 without funding to move into the adult support system), 17 and 15 and I am furious with this ludicrous proposal!! I can be reached at home daily as I stopped working to support and supervise the childrens home care program as well as coordination with school services. My home phone is 424-1944. My cell phone is 440-3993. The cell # is the best way to reach me. I can tell you what works and more importantly what will not work. | Oct 4, 2011 7:30 PM |
| 18 | Please do not "cut off your nose to spite your face" Taking benefits away from those that need them does not make the need go away. It only transitions the cost to another system which on most occasions is more expensive. Needed services are important to the well being of human beings not facts and figures. The climate in New Hampshire is all about taking from "those-people".....until one day you slip down a flight of stairs or someone else goes through a stop sign and you become "one of those people" What is more expensive, receiving benefits so you or your loved one can be cared for at home by families or sending someone away to a facility or hospital to be cared for... Really? Where is the sense in that? Please think about the person first not the dollar sign. If you want to save money, look into the businesses that "double-dip" or are paying high salaries to executives, bonuses etc..... not away from the person who has medical or developmental needs... I beg of you, please think of the person you are taking away from. Imagine your loved one needing these services! | Oct 4, 2011 1:34 PM |
| 19 | Your questions have very little to do with the Community Care Waiver and supporting individuals who do not have the means to support themselves. I can not foresee how managed care would benefit this at all. Individuals and families having the option to be in charge of their community services and deciding what the allocated funds should be spent on is efficient and saves the State money. In many ways the CCW under He-M 525 is a capped system and as family members we know our budget and know what we have to live with. I can not | Oct 4, 2011 1:28 PM |

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

see this shifting to a managed care option with others dictating and managing care and choosing who can provide what services. Being able to design a program for my daughter, select the individuals who work with her makes her have a true community life. If I was not able to do this my daughter would be costing the state much more money in that she would be 'programed' with all the over head of Vendor services. Under the current model as her family we provide the 'over head' and the state doesn't have to pay for it. Please don't move the Medicaid CCW into a managed care situation. We have a quality system in NH for our self-directed services that is cost effect and is proven to work to keep satisfaction high and costs down.

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| 20 | Yes. You are dispensing services to individuals who are being cared for by an already over-burdened population. I think it would be short sighted of any program to make it more difficult for those caregivers who already feel the stress of their everyday routine, to fill out more paperwork, grind through more appeals, just to ultimately gain the necessities that their family members required in the first place. I have often felt that I have been asked to jump through so many hoops, that I could no longer tolerate the challenges. No one asks for disability to enter their family, it is the luck of the draw. If you want families to continue to demonstrate the responsibility for their child/adult disabled family member (and admirably many struggle through this for a lifetime, at great personal and fiscal expense), then PLEASE consider empathy as your guide when developing strategies for servicing this element of our population. If you wouldn't like it, we probably wouldn't either. | Oct 4, 2011 1:06 PM |
| 21 | I wish you had asked how concerned families are that medical services may not be there once the new Medicaid rules and regs are established. I am extremely concerned that coverage for medical expenses and required prescription drugs for my daughter will not be met. | Oct 4, 2011 12:50 PM |
| 22 | Having Gateways be a central contact for us from the beginning was key. They guided us from our 1st questions... getting the right services... informing us about agencies we weren't aware of... of how my sister was eligible for Medicaid since she worked and how to start that process. I was a blank chalkboard needing to know how to care for & help my sister. Before, she lived with our 83 year old mother in a elderly complex playing cards once a week with the old ladies. Gateways held my hand and put a good face on Medicaid. They are there as a major support. Along with Medicaid. Thank-you both soooo much for being there. The services have changed my sister's life from complacent to participating. | Oct 4, 2011 12:44 PM |
| 23 | the managed care for DD is essentially all the services that the Area Agencies provide at a lower overhead cost then a for profit company will ever achieve, why are we revamping a system that works. | Oct 4, 2011 12:42 PM |
| 24 | I view the NH Medicaid system as managed care already. It is run by the state of NH. Giving a portion of the dollars meant for NH residents to an outside company doesn't make any sense to me. It doesn't mean the care will be better -- in fact it most likely will be a "pay more for less" system and not good for NH residents who need this support in order to live a full life in their home communities. Cost-cutting sometimes means people end up in worse conditions and need more supports and medical care in the long run. Please let's not be this short-sighted. | Oct 4, 2011 12:23 PM |

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

25	I do not think micro-managed health care is the answer. A lot of the Health Management Organizations are out of business now such as Matthew Thorton and HealthSource. What makes the state think this will work?	Oct 4, 2011 12:04 PM
26	It has been very helpful to work within the bounds of the Region, Community Service, with a case manager for our family member, with yearly ISA meetings and a nurse to oversee the home where this family member resides. We choose our health professionals for our family member, and have easy access to the managers at the home for any questions or if there is a concern. The vendor that puts on the programs at the home, whom we had a lot of input into securing, runs a good program and we are satisfied with the care and the attention to details, etc that go on there. We are duly concerned about this whole situation changing and becoming less personal, further removed from us, as parents and legal guardians as to our input into the running of the programs, choice of vendor, and generally being involved in the situation. Over the years we have experienced change of vendors, managers, staff and the like -- change will of course happen, but this managed care change looms as one that is larger than any we have yet experienced. There comes with it also, the risk that all that we value now may be lost.	Oct 4, 2011 8:26 AM
27	I personally appreciate all the state does to help my family member.	Oct 4, 2011 8:10 AM
28	Why are you trying to fix something that is not broken?	Oct 4, 2011 4:12 AM
29	I am concerned about the availability of quality services and accessibility of providers through this managed care model. My child has complicated medical and supports needs; I worry about the capacity in New Hampshire's healthcare system to provide all that my child needs.	Oct 3, 2011 8:24 PM
30	The fat is not the people who are providing services it is the structure that they are providing it in. Let your work, family and relationships you develop define who you are.	Oct 3, 2011 1:53 PM
31	the last question, of course everyone who can be responsible for their own health care, but when you have a child who can not advocate for themselves. Even when my child becomes an adult , we are not sure what he will be able to understand about his health care and choices he needs to make. I am grateful to have services like ;MDS , in Keene to help us take care of our son and offer the needed respite we need. thankyou, Sandee Auvil	Oct 3, 2011 10:36 AM
32	At no time has anyone asked about really how Medicaid is utilized on a personal level...instead it is kept as a cookie-cutter approach.	Oct 1, 2011 8:31 PM
33	Do not think that referrals should be necessary to access care beyond PCP. Think that a referral system is cumbersome and redundant especially if the individual has been cared for by that medical provider in the past. Think that care management can be utilized for a select group of individuals identified as needing case management.	Oct 1, 2011 1:19 PM
34	We participated in a managed care program in RI, paid for by my employer. We discovered that coverage of items was being ruled by non-medical personnel going by a chart, with no access to doctor's recommendations. You need a doctor to evaluate, and appeal to an in-state board of physicians or the system is	Oct 1, 2011 9:54 AM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

	a fake, not managed care. (They were closed up by state later)	
35	I am hoping you do not make no more cuts to the programs that I use for my sick children. without these programs I dont know how I would be able to stay home and care for them. I use the partners in health program and there is a few others thru the mental health . please do not make no more cuts or get rid of the funding to these programs. I just dont know how would survive without them.	Oct 1, 2011 6:13 AM
36	I feel that the medicaid system is too complicated for the people who need it most. I manage my daughters for her, I think I'm intelligent but I have a VERY DIFFICULT time with all the "rules" especially the spenddown portion.	Sep 30, 2011 5:52 PM
37	People with special needs especially need medicaid to ensure they get basic needs met. Often these people are the ones who can't figure out what they need to do or if they are getting what they need. Someone to help them with this is essential and people who help them are so busy they don't have a lot of time to go through hoops to help get their needs met.	Sep 30, 2011 1:39 PM
38	please keep the medicaid program person based... talking to real people who know who we are is extremely important... noone wants to be a number.	Sep 30, 2011 1:09 PM
39	We have one of the most effective service systems in the state and a rich enough population to pay additional taxes. Why are we targeting the most vulnerable citizens? Families try desperately to keep their kids in homes. You may want to ask how many of us are also paying for additional coverage to care for our family members. My son is 31 and yet I continue to carry a private family plan to meet my "personal responsibility". This is not about us not doing our part - it's about those with deep pockets not wanting to help others. How sad! Yes, I would gladly pay an income or sales tax to stop this nonsense.	Sep 30, 2011 12:04 PM
40	How many people presently receiving health benefits are already living under extreme stress and financial hardships? Answer= Way too many.	Sep 30, 2011 12:01 PM
41	WISH THERE WAS A WAY TO FIND OUT IF CAREGIVERS ARE BILLING PROPERLY	Sep 30, 2011 11:39 AM
42	if managed care did not work well last time it was implemented what makes anyone think that it will work better this time around?	Sep 29, 2011 2:57 PM
43	There are conditions that people do not have control over and need to have access to insurance to cover medications such as seizure disorders and depression.	Sep 29, 2011 8:45 AM
44	Without Medicaid I would not be able to care for the child we took into our home. Severely autistic with many medical conditions. With treatments done this child has developed very much. I want you to know with treatment and services this child that was discarded has now started to talk, count and read, and can do many things. Told before taking child in he was less than a 3month development.	Sep 29, 2011 5:10 AM
45	what does question 12 mean. Does it mean that people should have access to healthcare or does it mean that people who cannot afford healthcare should be left without access to affordable healthcare? If it means the later the state should be ashamed of itself.	Sep 28, 2011 11:18 AM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

46	I think it is important for people to help themselves if they can, however, there are some that are not capable of working at all. My son has a problem when under any kind of stress. His body lacks the hormone that we secrete naturally when in stressful situations. He has to take artificial hormones AND to keep him from getting physically ill and he has to take more of those hormones. MEAD has been wonderful for him, he feels a part of the community by contributing through his part-time work. His current job is a perfect fit for him as far as keeping the stress level down. His previous job as a cashier in a department store made him physically ill and he ended up in the Emergency Room several times as a result of his stress as a cashier. I worry that you are going to try to use a cookie-cutter approach for all persons with disabilities and not take into consideration that each person has their own individual needs. They can't be lumped together as a whole. The system that is currently in use is working just fine. The local area agency knows what works and what doesn't work for their clients. If you change this, if you have people in a different state that never meet our children, I think we are heading for a worse more expensive crisis than we already have. I realize the funds needed to provide these services keep diminishing, however, the approach in providing these services should NOT be changed. You are dealing with people's lives. Please remember that in your decision-making. Please take the time to do this right with the emphasis on the person's needs! Also, the Forums were great however, it was not available during times most people could make it. I was lucky to attend one however, don't think because there weren't large numbers attending that translates into disinterest. THAT is simply NOT TRUE!	Sep 28, 2011 9:31 AM
47	What are the benefits we get from having these services? My benefit is that my son has the ability to be a part of his community	Sep 28, 2011 5:56 AM
48	I would like clear communication to the user of any changes from the current program that will affect our care. What are the advantages and disadvantages of the new program.	Sep 28, 2011 4:52 AM
49	no	Sep 27, 2011 4:30 PM
50	Whether families coordinated benefits with private insurances. Do we as families believe our family members need to have programs that allow them to remain in and a part of their communities.	Sep 27, 2011 4:18 PM
51	I want to know where the money is going to come from to pay for the managed care system especially if it is an outside company providing the services. They are not going to do it for free. So why are we paying someone for services we can do ourselves? Why don't we re-create the medicaid system into managed care ourselves and/or hire a short term consultant to create it.	Sep 27, 2011 1:27 PM
52	Substance abuse and mental illness should have been together. There simply is not enough time to develop a well-informed plan since the public have given so little input. I was part of both a focus group and forum in Manchester last week and everyone felt there was not enough time or information gathered.	Sep 27, 2011 12:38 PM
53	We are very pleased with the current Medicaid program that is in place .	Sep 27, 2011 11:51 AM
54	Even small service cuts can have a devastating effect on a family. We currently have a primary insurer who does not cover many of the services our severely	Sep 27, 2011 11:39 AM

disabled daughter requires to remain healthy. Every year as the cost of health care increases, that primary insurance policy slowly gets a little worse. Medicaid is our secondary insurance and has been helpful in providing equipment (a wheelchair, a stander, a bath chair), some assistance with home modifications (a wheelchair ramp) and a qualified nurse to provide us the ability to go to work and thus retain our primary insurance and pay for everything neither insurance happens to cover. It is extremely stressful wondering if this month will be the month that some benefit or another will disappear. It makes planning for the future difficult and depressing. Our daughter's disability is a result of extreme prematurity, a sad accident which even very good prenatal care was unable to prevent. Though her father and I are able to provide her with many things, it's a simple fact that we do not make anywhere near enough money to provide her with all of the specialized equipment and therapy that she will need through her life. Nor do most people. But Medicaid has helped a great deal, as I said, and as a result she has had not one single hospital stay in the past three years: almost unheard of for a child with a tracheostomy and as many medical issues as our daughter. This represents an enormous savings to both our primary insurer and the state. Please remember that a small to moderate outlay now can save megabucks later (a week of nursing in the home costs less than one night in the PICU!) and keep services at the same level as before.

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| 55 | My daughter with ASD also has cognitive disability. Her ASD causes ongoing anxiety. She has experienced depression, leading to two hospitalizations because of suicidal thoughts. I am concerned that the mental health provisions provide ease of access to higher care levels, such as seeing a psychiatrist for medication management, or rapid hospitalization if needed. (Hospitalization has provided the means for her to recover sufficiently to safely resume daily life.) I am concerned that there be no limitation on yearly hospitalization, and that cost or co-payment be extremely reasonable. What protocols might limit her from access to hospitalization when she experiences suicidal depression? Behavioral health benefits, both for children and adults, must be equal to "medical" benefits. I am concerned that gatekeepers will receive bonuses for denying or limiting care; that costs will become more important than quality. I am concerned that providers will not receive adequate reimbursement. I am concerned that decisions will not be made by providers close to the caregivers, ie. not local. --- that there will be loss of my control over who controls care | Sep 27, 2011 6:48 AM |
| 56 | I believe that a capitated or managed care system for Medicaid for reasonably healthy, low income families makes sense. However, I am afraid, and firmly believe that for those with disabilities, this could limit their access to services when medically necessary. Perhaps NH should consider carving out those patients who have disabilities for a program more suited to meeting their needs. In addition, I believe it's good practice to cover at the very least, dental cleanings. It encourages personal responsibility and periodontal care is related to heart disease. That could result in saving NH money in the long run. | Sep 27, 2011 6:31 AM |
| 57 | Leave the current program alone. | Sep 27, 2011 12:43 AM |
| 58 | For people with memory loss and mental health issues, it is important they have an advocate, which many do not. Advocacy should be built in so people do not fall though the cracks. | Sep 26, 2011 9:43 PM |
| 59 | I am very concerned about the massive budget cuts threatening medicaid. There | Sep 26, 2011 5:42 PM |

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

have already been detrimental cuts. I believe that agency workers and care givers get paid much too little and that there are no effective training programs and support systems for them. If only our country would get its priorities straight and understand the value and importance of creating an effective system of support for the vulnerable as a very high priority.....I believe lots of money and lots of heartache would be saved and it would be a much better country

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| 60 | Yes. Kids with disabilities are not mini senior citizens so they shouldn't be treated with guidelines that are medicare related. , Many of these kids will do just fine in their own home with their own family , their families just need the support and coverage that medicaid provides us. I am very concerned that my son's services and care will be greatly impacted once the care model is changed. He has seen the docs at Children's Hosp in Boston for 13 years now. They know him well and are able to handle his comple needs. I am extremely concerned that this will change once you change the model to managed care. He needs to be able to stay with the docs and providers that know him well. | Sep 26, 2011 10:26 AM |
| 61 | I am concerned that use (in other states) of this managed care model, has proven to be not cost effective, or showed improvement of care, so Why are we thinking it will be different in NH. | Sep 26, 2011 9:32 AM |
| 62 | HHS needs to prevail upon the state legislature to make it clear that these programs need to be funded - people's lives are at stake - and that the revenue for them needs to be raised no matter what the political climate is - that's called lobbying | Sep 26, 2011 5:31 AM |
| 63 | Although it is important for people to take responsibility for their own health, genetic and environmental facotrs cause illness that cannot be controlled by the individual. | Sep 24, 2011 8:14 AM |
| 64 | I THINK THE NH MEDACAID PROGRAM IS THE GREATEST THING EVER . WITH OUT IT MY CHILDREN WOULD NOT GET THE CARE THEY NEED EVERY DAY . THEY BOTH HAVE ASTHMA AND ALERGIES SO WITH OUT THIS PROGRAM I WOULD BE SO LOST ... | Sep 24, 2011 4:50 AM |
| 65 | Don't destroy what isn't broken. the Area Agency system for DD/ABD works smoothly, is effciently governed by family members and individuals affected. Use our model for other types of service, but leave us alone. Families do most of the supports for FREE - why pay a for-profit company to manage what we already manage and pillage our meager resources. Enough is enough. Carve out DD/ABD from managed care plan. | Sep 23, 2011 2:03 PM |
| 66 | There are families that would like to be involved but due to the laws are not encouraged to be. | Sep 23, 2011 12:29 PM |
| 67 | I am upset, as a NH resident and tax payer, at the prospect of limited and already inadequate public dollars for essential services (Medicaid currently) being funneled through a for-profit and out-of-state entity, or entities. We should not support direct profits with these funds. We should aim to retain the positive economic benefits of spending these public dollars here in NH, thus supporting indirect profits that ultimately positively affect our tax base in the state. | Sep 23, 2011 11:30 AM |
| 68 | Some of these questions are ineffective. If you want clients to take more | Sep 23, 2011 8:56 AM |

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

responsibility for their well-being,you have to give them opportunity to do so, and show them how it is of benefit, not just another futile effort.Why do you want me to give you 3 things I don't like about Medicare, but limit my responses to most everything else to one response? Looks like you are trying to limit the responses or at least skew the results .YOU SHOULD BE LOOKING INTERNALLY FOR WAYS TO INCREASE EFFICIENCY, NOT LIMIT CLIENT ACCESS TO SERVICES THERE IS WAY TOO MUCH BUREAUCRATIC , TOP HEAVY WASTED TIME AND EFFORT. EXAMPLES ARE THE MEDICAID TRANSPORTATION DEPT AND IT.. GET RID OF THE CONCORD CLUTTER!

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| 69 | I would like to be reassured that services will be available for my severely mentally handicapped son and the state will not take for granted the commitment of parents like me to care for our offspring saving the state MILLIONS of dollars in residential care. The waiting list should be abolished. All mentally handicapped adults should get the daytime services they need. The best way for the State to save money is to keep the current Regions for managing funds and to embrace Consumer Directed Services (or whatever you call it now) | Sep 23, 2011 6:43 AM |
| 70 | I believe it is important for my daughter to take personal responsibility for her life, however, her brain does not work like a "normal" brain. Consequently, she isn't responsible in most areas of her life. My family and I do not see her obtaining and keeping a job because of the way she is with people and how her brain functions. Adding grand mal seizures (epilepsy) to mental illness does not make for healthy brain activity. | Sep 23, 2011 6:27 AM |
| 71 | This wouldn't happen if the working class elected Democrats. This is what you get when you vote for right wing conservatives. | Sep 23, 2011 6:23 AM |
| 72 | Need more Psychiatrists in the system to accurately prescribe meds. | Sep 23, 2011 5:27 AM |
| 73 | Explain and show us how you are going to manage this change and prove its advantages to our family members. | Sep 23, 2011 4:28 AM |
| 74 | Trained case managers who are available to patients in order to advocate during appointments, explain points to patients, be sure that information is understood by the patient and also by family members.....and also the case managers be trained to set up any new treatments and or medications ordered for the patient if the patient is returning home to recover. I also believe that an after hours hotline be available staffed by a trained R.N. to answer any questions or concerns that occurThis would be a type of triage, consulting and or information line. Both of these services would serve to increase the effectiveness of the health provider visit and provide a higher standard of care to New Hampshire Patients. | Sep 22, 2011 5:28 PM |
| 75 | I have received Medicaid assistance for my grown children who have special healthcare needs. Because of their Medicaid they are able to live at home with their family, are nurtured, enjoyed, and loved. Without the assistance of Medicaid the only option for them is to be institutionalized... they don't deserve that.. I don't deserve it! I am a full time working woman with a retired husband who cares for our adult children during the day. We pay taxes and give back to our community...all we ask is for us to be able to keep our adult children home and that they have access comprehensive health services. | Sep 22, 2011 1:09 PM |

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

76	What do you think will be the measure of success for the new program run by private insurance? A. Cost savings B. Profit for the private insurance company C. Fewer individuals covered by the new program D. Help for all individuals with disabilities in the state	Sep 22, 2011 10:25 AM
77	The last question concerns me a great deal. Too often "personal responsibility" is an excuse to cut benefits. Many that don't understand mental illness see it as an issue of "personal responsibility" shouldn't be funded at all. If healthcare reform survives and the current economic trends continue, how are we going to pay for all the new Medicaid recipients without cutting benefits?	Sep 22, 2011 9:26 AM
78	Follow federal regulations for the fair hearing process, and when informed and called on it, RESPOND! Our family already has enough to deal with due to disabilities, we don't need to be combing through state and federal regulations. Don't tell people you are, "raising everyone's dander" when you ask regulations to be followed. Show people RESPECT when they are correct in regards to the law!	Sep 22, 2011 6:50 AM
79	I have medicaid thru the Katie Beckett for my daughter who has cerebral palsy. Without having medicaid as a secondary she would no be able to receive the equipment and/or care that she needs. Kids need to be able to continue to see the providers that they have established themselves with or it can disrupt their care. Thank You!	Sep 22, 2011 6:23 AM
80	I would hope that the changes being made do not make the process more complicated in accessing medicaid. I also hope that it won't inhibit services. I don't want to have to change pediatricians. I hope that the eligibility requirements don't get more stringent. I'm worried that we may not qualify for assistance next year with the changes that are taking place and that would be financially ruining to our family unless my husband finds a higher paying job (he's making 1/3 of the salary he use to).	Sep 22, 2011 5:41 AM
81	There is no distinction between individuals who are temporarily using the services of Medicaid and those who must permanently use Medicaid due to a permanent developmental disability, which includes a mental health component, which results in the individuals' inability to ever earn a living wage. Medicaid is essential to the continued health of my family member. My family member requires long term care for what was once described as "an accident of birth."	Sep 22, 2011 3:14 AM
82	In question 12, what does "personal responsibility" mean?? I support ensuring that everyone has a medical home, as Medicaid has encouraged for the past several years, and that the individual work with their primary provider (and area agency or community mental health as appropriate) to manage their lifestyle and care responsibly. Those who use "personal responsibility" as a euphemism for the individual paying for services need to understand that the screening for who gets Medicaid is already very tight, so those who get Medicaid would simply not get the services they need if they had to pay for them.	Sep 21, 2011 4:21 PM
83	I would like more information on the local provider who will be overseeing my daughters health care and making decisions on who she needs to see, when and where. Do you have this information currently available? D. Drobysh 9 Greenwood Dr. Nashua, NH 03062	Sep 21, 2011 12:00 PM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

84	We have the most efficient service delivery system in the country through the Area Agencies. They are non-profit and focus on a person's needs. We can obtain some savings within the current system by centralizing the procurement and dispensing of specialized MEDICAL services and goods. Our Area Agencies are renowned for their talents in working with people with disabilities, and we cannot even imagine what awaits us when calling to another State for help. These managed care programs make PROFITS for a company. That is NOT RIGHT. PROFIT should not be made at the expense of the people of NH. The DD community wants to be "CARVED OUT" of this proposal and only participate in the centralized procurement and dispersal of medical supplies this plan has to offer. Former Commissioner Stephen has made a huge error in judgement with allowing a company to have so much money (\$61 mil. and counting), without a product in place. NH in essence spent \$61 mil. on product development for ACS. We still contract with EDS because ACS has not given us the promised goods. Why then hasn't the State of NH gone after ACS with a lawsuit since ACS got the contract by making false claims that they had a system already working and tested? Why can't the state government act wisely instead of irrationally when it comes to Medicaid? The easiest thing to do is cut spending when all you focus on is the dollar signs. Most of the people on Medicaid are sickly, older, handicapped or children. These are not the people we want to cut services for. Please look for another alternative than giving 10% to a FOR PROFIT company who will in turn cut 10% or more from services. This makes no sense to anyone.	Sep 21, 2011 9:51 AM
85	do you really believe that going to private companies is the right choice. they have already shown themselves as opportunistic and bottom line planning. even to entice with sweetening the pot though there is a sourness in the mouth afterwards.	Sep 21, 2011 6:53 AM
86	My main concern is how other (non-medical) DD services will be provided through a Managed Care Company. I don't want to see the Area Agency System with their vital supports taken away. Families and individuals rely on the supports for their survival. Why would a managed care company care about the day to day struggles? Including the DD population in a managed care model would be disastrous in my opinion.	Sep 21, 2011 6:46 AM
87	Taking from those that truly need this program would be a shame. Better screening for applicants may help with the process.	Sep 21, 2011 4:29 AM
88	Please make the rules more clear about delayed ill adults who are between the age of 18 and 22..I am my sons mom, legal guardian and home provider and the state does not give me any support for food because I am his mom..completely unfair. I have chosen to continue to provide for him and we should be treated equally..meaning an adult in placement with a non bio family and parents who continue to provide care. This uncertain part of the law has made it difficult for my family. Thank you very much for your help though..:-)	Sep 21, 2011 4:10 AM
89	If we did not have Katie Beckett, we wouldn't survive.	Sep 20, 2011 7:14 PM
90	You could ask us how we think MC will work when the whole thing is going ahead so fast that no one seems to have any idea of what is going on or what will happen. The people (and/or their families) who will be affected are now living in terror of what will happen to them. You could have also asked if we feel any of	Sep 20, 2011 6:13 PM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

	our input will be considered (for the record, I don't think our voices will be considered as this is driven by legislators who know nothing about our system).	
91	Please DO NOT take away from the disabled or even cut. These kids have Hero's and there Hero's are there Dr's. Without them they would not live a normal life. The card was dealt to them by God, As they try to handle themselves in the most possible way they can. Please take a moment, be proud, you have help another family in a time in need (disabled).	Sep 20, 2011 6:11 PM
92	My daughter is severely handicapped currently Medicaid covers everything she needs, as her CP gets worse I am sure I will be dealing with more insurance issues.	Sep 20, 2011 5:57 PM
93	Why was this bill shoved down the taxpayers throats without any public discussion? I think it is disgusting that the Republican's in the State of NH are always trying to take away from the poor and disabled of our State!	Sep 20, 2011 5:16 PM
94	I'm terrified that it is changing. My son has come so far and I don't want him to go backwards.	Sep 20, 2011 5:06 PM
95	Thank you for your time. The residential and medical services are absolutely critical to the citizens of the State that need them. In my work I see many people with severe, treatable health conditions who cannot get medical care or medication that could restore them to health, or even keep them alive because they don't qualify or are waiting for Medicaid. This is inconceivable to me in this country. For those who do get Medicaid, in the end, Medicaid gets to take their house and all they own as reimbursement. I am sure this brings in a lot of money and I have not seen this listed.	Sep 20, 2011 3:35 PM
96	The question regarding personal responsibility implies a distasteful but common bias -- namely that people with chronic illness, especially mental illness, are sick because they have made bad choices. We certainly should encourage healthy and prevention-oriented choices. At the same time I would hate to see an attitude of stigma and blame permeate NH's managed care program	Sep 20, 2011 3:19 PM
97	I hope that the developmental disability system of supports will remain intact.	Sep 20, 2011 1:30 PM
98	How this will effect the daily lives of people on these benefits so we do not always have to worry if we will be able to survive, or how we are to get any services that we need to survive. The constant unknown is a great concern to all that are in these programs and to the people who love and care for them.	Sep 20, 2011 12:58 PM
99	What are we already contributing toward being "responsible"? 8 of 10 adults with Dev. Dis. live at home with family. We pay for their housing, food, transportation, clothing, some of us pay for their primary health care by keeping them on our plans. We also provide hours of direct care. ALL FOR FREE. How much more responsible does the State expect us to be? Many individuals with DD CAN'T be self-sufficient and self-supporting. What more is wanted from this population. It's uncivilized to have to fight for their lives every two years. It's disgusting.	Sep 20, 2011 12:23 PM
100	*I think a shared responsibility is essential to the program--a commitment from the individual to utilize it wisely and use it preventively instead of on an emergency basis. *Dental coverage for adults that would enable them to do	Sep 20, 2011 11:45 AM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

preventative care rather than simply pulling teeth. *Providers that feel respected by both the State and their patients, and who in turn respect the patient and the administration of the program. *That cost savings is not put ahead of patient health services.

101	I am happy with the services recieved from Gateways for my daughter. As my daughter is covered by Medicare, I do not believe that Medicaid is paying any of her medical expenses.	Sep 20, 2011 11:42 AM
102	Yes, we don't need alleged experts deciding what sort of care we have. Pprovide a public forum where we can challenge the "experts" who will make these decisions so we can make them look like idiots in public when they force inane decisions down our throats.	Sep 20, 2011 11:07 AM
103	SLOW the implementation of the process down. Allow more time to study the options.	Sep 20, 2011 11:06 AM
104	please make sure that the programs that help to keep individuals with disabilities in the homes and community are not effected	Sep 20, 2011 10:53 AM
105	The last question a little confusing. I wish that we all could afford to pay our own way. But my daughters care is so extreme I can't work. So we do need some help for those situations.	Sep 20, 2011 10:37 AM
106	just don't drop us or cut funding. we would lose our home and the stability of it for the family. with all the medical trauma, we need our kids to have some security. they certainly have no security in their health.	Sep 20, 2011 10:13 AM
107	I think that there should be a totally separate way to evaluate the need for and provide Medicaid services to the developmentally disabled in the new system rather than having the same rules etc as people who are just financially challenged.	Sep 20, 2011 10:08 AM
108	I do not see how turning the current medicaid system into "managed care" will benifit the people who are already suffering from the current funding cuts.	Sep 20, 2011 10:07 AM
109	This is an incredibly rich benefit. It is tough for me to see how we can save the money that the legislature puts forward and not compromise care. The benefits that Medicaid offers should be bar for private insurance, rather than a race to the bottom to eliminate areas of coverage. My child truly benefits from the care provided by Medicaid, and I hope that the program continues to fill the gaps for my family.	Sep 20, 2011 8:56 AM
110	It is very important to be able to have in-home supports	Sep 20, 2011 8:29 AM
111	I am really concerned that the supposed cost savings to the State is going to override the needs of persons with many challenges. I think the State should look at that population and really debate wether or not managed care would work. I personally have grave concerns about my son's quality of care given the fact we have experienced the managed care option and we had to exclude him because of a medically neccessary surgery that the HMO would not cover. A family should never be put in that situation.	Sep 20, 2011 8:13 AM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

112	The support we get through medicaid includes nursing supports for our medically complex child. They help us get medical equipment that is necessary for her care. She is additionally on my private insurance plan -- I am trying to take "personal responsibility" -- however, her care costs in the \$30,000-\$50,000 a year. We need medicaid to work for us. It is hard to comment on what the new plan will be like when we don't know what it is going to look like. We don't have anything to go on. It feels impossible to say how this switch will affect my family since no one knows what that switch will even look like.	Sep 20, 2011 7:29 AM
113	It will be important to be aware of the fact the many parents, myself included, are dealing with daily challenges of caring for a child or individual with developmental disabilities, perhaps behaviors and medical challenges, mental health issues etc.; so the ability to access needed services, health care and prescriptions should not become another challenge to us. The daily care of my son takes it's toll on his father and I physically and emotionally as it does many other parents I know. Medicaid services should help the family (and not become another challenge or hindrance) so that we may continue caring for our children in the home.	Sep 20, 2011 6:55 AM
114	It is extremely important for my son to have consistency in who provides his care and seeing a different person each time will be extremely difficult for his and will cause him great stress and can effect his behaviors.	Sep 20, 2011 5:56 AM
115	The data seems to show this is not a cost savings. Why are we wasting time when other states have failed? We do not have a large enough medicaid population to attract 2 good venders. Our system works well most of the time.	Sep 20, 2011 5:43 AM
116	Very disheartening to lose the specialists who have been working with our son since birth due to their practice not accepting medicaid. We are self employed, hard working people who have taken an extremely hard hit due to the economy. Healthy Kids works great for our 5 year old (who has Down Syndrome) but mention Medicaid to my son's (who is 19 and also has Down Syndrome) current physicians and they give you an apologetic look and say I'm sorry, we don't accept that. When I ask why?.... they say.... they don't pay us... and there you have it.	Sep 20, 2011 12:15 AM
117	Why are you including DD people in this managed care program when our present area agency is working so well and is low cost and family centered. In addition the present approach is seen as an example to many other states facing similar budgetary challenges.	Sep 19, 2011 6:58 PM
118	My 5 year old son has a diagnosis on the spectrum. He has primary insurance through a very big insurance carrier, but deductible and coninsurance costs are astronomical. His medicaid coverage is THE reason that he can continue to receive services like occupational therapy every week. I would like to ensure that his unit limits for these services remains the same or increases.	Sep 19, 2011 5:05 PM
119	question 12 was a little confusing as written... what I hope you get from my answer is that despite all the services my son gets, it is important for him to work as much as he is able (with support) or to volunteer to help others (also with support). Beyond this he doesn't have the mental capacity to take responsibility for himself.	Sep 19, 2011 4:12 PM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

120	Long term care should not be part of managed care initiative in the way being approached for acute medical care. There is hope that the latter -- acute health care -- can be approved. There is little or no evidence that any state or grouping has found that managed care helps -- financially or in quality -- in long term care needs -- such as for Developmentally disabled or elderly. NH already leads in community based services for long term care and it should remain so.	Sep 19, 2011 2:41 PM
121	I think question #12 is extremely confusing. We already have personal responsibility under the current system. What exactly were you trying to get by asking the question the way you asked it? I'm afraid that with your new system and by having a private insurance company come in, we will lose our ability to customize the plan. Private insurance companies have ONE goal - to make a profit! How will this help the most vulnerable citizens of New Hampshire? There is nothing wrong with the current system, especially for those of us in the disability community. Now you want a private company to come in - and to what exactly? Nothing has been explained to those of us who stand to lose the most! As a resident, a taxpayer, a voter and the guardian of my son, I'm outraged at the way this is being implemented with absolutely NO forethought as to it's outcome!!!	Sep 19, 2011 1:47 PM
122	I find the personal responsibility question a bit offensive. This presumes that people have the education, ability and resources to do such. I find it very judgmental.	Sep 19, 2011 1:28 PM
123	I understand about managed care for medical reasons. But for day to day living, I hope our funding continues the way it has.	Sep 19, 2011 1:11 PM
124	For individuals who can work, they need to fund employment that will provide them the ability to take if thei family	Sep 19, 2011 1:04 PM
125	1. Do you prefer the current Area Agency system that works with local communities, local schools, local doctors or an out-of-state for-profit insurance company that could care less about an individual's progress in their own town? 2. If you live on the NH Seacoast and it is closer to drive to Boston, MA or Portland, ME for medical care, but MMC does not permit you to go to out of state facilities, will Medicaid pay for overnight stays and gas to Lebanon, NH?	Sep 19, 2011 10:55 AM
126	I would like to know how this new program is going to affect those who are covered by Katie Beckett medicaid. We are struggling as it is and caring for our children at home is the least expensive way for the state and better for us and them. What is going to happen to those benefits? We already have to pay for our own healthcare coverage which does not cover most of their care now and with the new reform is going to pay for less.	Sep 18, 2011 5:52 PM
127	If the Medicaid program is to be changed, you must take into consideration the personal & educational situation & level of the recipients. It might be OK to talk about taking personal responsibility but consider that they might not be able to do that. All information, training, etc must be done at their level and at their local location. You have to meet them at where they are at.	Sep 17, 2011 12:12 PM
128	No, nothing.	Sep 16, 2011 6:22 PM
129	My child is covered under Katie Beckett as a secondary insurance. He has a	Sep 16, 2011 5:18 PM

Page 6, Q25. Is there anything else you wished we had asked or you would like to tell us?

developmental disability and may need to depend on Medicaid when he becomes an adult. I want him to be healthy, take care of himself and live as independently as possible when he grows up. I also want to know that the services he will need to live independently will be there for him. I'm afraid that if the system becomes too restrictive and complicated or if there is a shortage of healthcare providers willing to take part because of low reimbursements and too much red tape OR if the area agency system is dismantled or negatively impacted, that it will be difficult for him to receive the medical care and services that he will need.

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|-----|---|-----------------------|
| 130 | Right now, my daughter can see her doctor at Concord Family Medicine within 3 days or on the day she calls if she is willing to see the PA. She only gets to see her medication manager at Riverbend once every three months and is not allowed to contact her by phone if there are questions. Her Client-centered conference to set annual goals was due in July and keeps getting pushed back because the members of her team are over-taxed. The relationship with her PCP is the only reliable service she gets. A medical home might cause her to lose even this. | Sep 16, 2011 4:20 PM |
| 131 | I feel it's very important that families/individuals remain the most important member of the medical team. | Sep 16, 2011 2:09 PM |
| 132 | Question #12 a disingenuous set-up, and an insult. Why not ask if I've stopped beating up my spouse? It is the state's responsibility to care for those who cannot care for themselves. Period. Even if I had the means to "take responsibility" for my family member's care, he will (I trust and hope) outlive me by many, many years. What then? | Sep 16, 2011 12:20 PM |
| 133 | I think the questions or comments will come once this new program gets up and running and seeing how well it works. Thank you | Sep 16, 2011 11:21 AM |

Page 7, Q26. In your view, for someone receiving Medicaid, what are the top factors that define having the highest quality of life and health?

Please choose 3.

1	but you can't just look at health without looking at context of other factors like adequate housing, transportation, food, etc	Oct 5, 2011 10:10 AM
2	including alternative & preventative interventions	Oct 3, 2011 3:23 AM
3	Adequate funding which will provide the appropriate services the individual currently requires to live a meaningful, safe and healthy life.	Sep 29, 2011 11:57 AM
4	All of the other choices listed above	Sep 29, 2011 11:23 AM
5	Transportation to the care. The best resources mean nothing if patients can't get there to access them.	Sep 26, 2011 11:15 AM
6	Access to care by quality transportation providers	Sep 23, 2011 11:28 AM
7	Assistance with care for some recipients to encourage care. Some recipients don't need this & need independence.	Sep 23, 2011 8:38 AM
8	All of the above	Sep 23, 2011 7:20 AM
9	Availability of medical services for the Medicaid recipient	Sep 23, 2011 6:22 AM
10	assistance with application process for those that need it, ease of application for all who qualify	Sep 23, 2011 4:28 AM
11	substance abuse treatment services	Sep 22, 2011 10:51 AM
12	access to substance abuse services without a designated mental health diagnosis sometimes appropriate sometimes not.	Sep 21, 2011 4:58 PM
13	include substance abuse treatment	Sep 21, 2011 2:29 PM
14	availability of more modern effective medicines with less side effects	Sep 21, 2011 4:43 AM
15	Choosing 3 was hard. I think all the above are extremely important.	Sep 20, 2011 1:31 PM
16	Respect and dignity of providers in the choice I make	Sep 20, 2011 1:09 PM
17	To be treated with respect by case workers and reception at DHHS. This is not always happening.	Sep 20, 2011 11:11 AM
18	We need to include Substance Abuse and Oral Health Treatment and Prevention	Sep 20, 2011 8:34 AM

Page 7, Q27. What are your top 3 recommendations to increase the number of people in the Medicaid program experiencing a high quality of life and health?

1	I think qualified, trained care coordinators who work with families as well as providers could be very helpful	Oct 5, 2011 10:10 AM
2	Stop paying so much more for nursing home care costs or other institutions and offer more home or community care (or at least as much) - build community care infrastructure	Oct 5, 2011 10:07 AM
3	many of those on medicaid use hospital emergency departments inappropriately...for office type visits. no one guides and oversees them to direct them to their PCP. holding the recipients accountable for co-managing the use of the health care system is needed. they also need to make co-pays like everyone else does. nothing should be free. they essentially have financial immunity from any healthcare costs. this does not serve anyone well...the taxpayers and the recipient. it will be a combination of managing care and managing costs. currently recipients share no interest or concern about costs or appropriate use of services. discontinue the coverage of ANY over the counter medicines. it is a basic responsibility of any individual to have tylenol, advil, benadryl and a thermometer in their home. I cannot tell you how many irresponsible parents bring a febrile child into the ED.....no temp taken and no med given. they expect...DEMAND prescriptions for OTC meds. NO MORE !! They need to step up and meet the basic care of the children they chose to have. No one else gets to take a tax deduction for the kid(s) yet we all essentially support them. A small monthly premium and small co-pays...DUE AT THE TIME OF SERVICE needs to be the first change in the program. The TRULY disabled (cerebral palsy, Down Syndrome, multiple anomalies from birth etc) and the TRULY indigent will be exempt from these premiums and co-pays. an able bodied person wearing a North Face jacket, UGG boots, sculptured nails, a Prada handbag and using an I-Phone while watching an iPad no more needs medicaid then Bill Gates. how is this allowed ? and they drive up to the emergency door in a new Lexus SUV !! This practice has to stop and immediately. These are lazy welfare sucking parasites. managing the abuse is as equally important.	Oct 4, 2011 6:43 PM
4	Maintain the system of care now in place here in NH	Oct 4, 2011 4:22 AM
5	Increase of pay to care providers, especially care management. Case management should cover all aspects of care, not just medical. Integrate full care, including waived-care services under one roof, allowing for seamless communication and effective oversight of care, utilizing centralized data bases for historical records.	Oct 3, 2011 3:23 AM
6	All of the above	Sep 29, 2011 11:23 AM
7	Make sure the application process is not too cumbersome.	Sep 27, 2011 4:32 PM
8	Include adults - children are covered now, but not adults before medicare	Sep 26, 2011 4:48 AM
9	Transportation provided by qualified providers that are adequately insured, trained and using well maintained vehicles.	Sep 23, 2011 11:28 AM
10	Again it depends on the person. Some people can do it on their own and some people need help.	Sep 23, 2011 8:38 AM

Page 7, Q27. What are your top 3 recommendations to increase the number of people in the Medicaid program experiencing a high quality of life and health?

11	Include dental care	Sep 22, 2011 1:26 PM
12	include substance abuse treatment	Sep 21, 2011 2:29 PM
13	We definately need a better database and more use of technology to eliminate waste of time and money.	Sep 20, 2011 1:31 PM
14	Elimate redundancy with the state delivery regulation system	Sep 19, 2011 6:40 PM
15	Add dental services for adults as part of Medicaid services	Sep 19, 2011 2:05 PM
16	Add dental care for Medicaid recipients. Poor oral health leads to other health issues.	Sep 19, 2011 12:36 PM

Page 7, Q28. What do you believe is needed in a new Medicaid Care Management program to encourage health care and service providers to want to participate?

Please choose 3.

1	Reimbursement and reducing red tape/paperwork seem to be the biggies but reducing no shows would be important too	Oct 5, 2011 10:10 AM
2	no more customer service mindset. the provider gives pts what they NEED not what they WANT. . pts needs to be compliant with the care plan such as: we taxpayers pay for the multiple inhalers the pt uses yet they continue to smoke. the overprescribing of multiple medications needs to be reviewed regularly. The overprescribing of narcotics to support an addicts habit OR for the medicaid receipient to sell on the street needs to be overhauled and managed very tightly.	Oct 4, 2011 6:43 PM
3	People are not always patients and Medicaid supports many factors of an individuals daily living...not just their medical health.	Oct 4, 2011 4:22 AM
4	Do not create another level in NH, where oversight and regulations are dictated by bureaucratic heads who are not PART of the system or have a thorough, working knowledge of it. Let 'managed care' be managed by the individuals who currently work within the system, or at least seamlessly involved whereby providers and care managers have direct input as to how the system operates. Create a shared management/ownership of the system with teams comprised from each region of the state who are best able to provide input as to how the system can perform holistically and collaboratively. Reduce overhead expenses by combining logistical resources, i.e., administrative support teams, by housing full-care systems within each region of the state. Consumer reviews of each provider and entity should be sought annually as method to conduct QI.	Oct 3, 2011 3:23 AM
5	Flexibility and choice to provide services on a needs basis and not to be limited on services provided	Sep 29, 2011 2:50 PM
6	All of the above	Sep 29, 2011 11:23 AM
7	There's overlap/repetition among these choices.	Sep 28, 2011 6:36 AM
8	Provide barrier assistance for patients. Health care providers don't know what to do about barriers ex. transportation issues, no shows, prescriptions or lack of basic needs ex. heat, food, etc.	Sep 23, 2011 8:38 AM
9	eliminate non-value added barriers to care such as prior authorizations for drugs and imaging- focus on quality outcomes measures instead.	Sep 23, 2011 6:55 AM
10	Do not make the system complicated for reimbursement to providers.	Sep 22, 2011 5:23 AM
11	Not to treat providers like they are fraudulent when they make a mistake. Stop taking away their funds!	Sep 20, 2011 1:09 PM
12	take the fear out of the system, since the fraud allegations from that guy from Mass, providers spend more time treating charts then clients	Sep 20, 2011 9:13 AM
13	Integrate behavioral health, oral health and substance abuse into primary care	Sep 20, 2011 8:34 AM
14	adequate reimbursment is number one. Providers are struggling and need higher reimbursement to continue to provide the services.	Sep 19, 2011 7:44 AM

Page 7, Q28. What do you believe is needed in a new Medicaid Care Management program to encourage health care and service providers to want to participate?

Please choose 3.

15	Take advantage of federal Medicaid reimbursements that are not be utilized by NH at this time.	Sep 16, 2011 8:09 AM
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Page 7, Q29. What should be avoided in designing a new Medicaid Care Management program that would cause health care and other service providers to not want to participate?

Please choose 3.

1	Um, all of these	Oct 5, 2011 10:07 AM
2	Dictating how care should be provided and limited access to all services. Providers should not have to limit themselves to certain options for care and individuals receiving care should not be discriminated against because they utilize Medicaid.	Oct 4, 2011 4:22 AM
3	All of these points are important and difficult to prioritize. I would add that another layer to our health-care system would only add more expense and reduce the quality of care. Why create another layer that would only increase operating costs?	Oct 3, 2011 3:23 AM
4	All of the above	Sep 29, 2011 11:23 AM
5	All of the above	Sep 28, 2011 6:36 AM
6	No way to choose just three when the above four would cause concern.	Sep 23, 2011 5:23 PM
7	External monitoring vs supporting primary care and holding them accountable for quality care	Sep 23, 2011 5:30 AM
8	All of the above	Sep 22, 2011 4:38 PM
9	the idea of a case manager is more like a gate keeper.	Sep 21, 2011 4:58 PM
10	Reducing access to substance abuse services	Sep 21, 2011 2:29 PM
11	Not sure if I completely understood the wording of the question...	Sep 21, 2011 1:29 PM
12	Poor communication between service providers and Medicaid Care Management Programs.	Sep 21, 2011 1:06 PM
13	most of the above	Sep 20, 2011 9:13 AM
14	Current DD System is very cost-effective and comprehensive. I sincerely doubt that a managed care system would improve anything, and would add a new bureaucratic layer with attendant administrative expenses.	Sep 19, 2011 9:53 AM
15	Increased work/paperwork for PCP's for referrals to specialty providers. Current non managed care does not require special paperwork for referrals and would appreciate it staying like this.	Sep 19, 2011 7:31 AM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

1	Preschoolers with autism are missing the window of opportunity with no access intensive ABA services (30 hours per week). We will be paying the price of adult care in the future --We need to fund ABA services, quality, not a watered down version..	Oct 5, 2011 3:36 PM
2	My experience with managed care has always resulted in a decrease in the quality of care for the patient, and a profit for the managed care contractor. The RFP is most important today. The MCO's have learned over the past 20 years how to make it work to their advantage, and stay within the parameters of the contract. Further, there are too few lives in NH to really drive efficiencies.Pp	Oct 5, 2011 3:25 PM
3	Many, Many Many...e.g. difficulties getting approval for equipment, therapies, out of state procedures, etc. for CSHCN, frequency of no show/missed appointments for this population (at times because of other stresses such as inadequate housing, food, transportation etc...), lack of follow through on recommendations, inadequate funding/staffing/resources, use of emergency department rather than primary care, lapses of coverage because of difficulties completing necessary paperwork, the concept of entitlement so that families want things because of that whether they need them or not, practice of defensive medicine rather than good quality care (not just for MA obviously)....	Oct 5, 2011 10:10 AM
4	The state nursing home budget line item in long term care is not allowed to move out of that line. All the budgeted money stays with the nursing homes verses having the option to utilize the funding for other community based services (piloting medical homes, or demonstrating service gaps in HCBCS)	Oct 5, 2011 10:07 AM
5	Paperwork(unneeded)	Oct 5, 2011 8:18 AM
6	1) Necessity of "spend-downs" to maintain benefit (discourages responsible savings) 2) Minimal supplemental income & food stamp benefits (eg. less than \$50 / month) 3) Paying for dental extractions rather than preventative care	Oct 5, 2011 7:48 AM
7	#1) stop putting able-bodied people on medicaid just because they came from another state where they were on it. 2) any pregnant girl under 18 yr old is the responsibility of her parent(s) .NOT THE WORKING TAXPAYERS OF NH. NO medicaid for her. I guarantee you will see an immediate reduction of teen births. 3) an able bodied female on medicaid who has a child can have assistance for that 1 child for 2 years. ANY MORE CHILDREN SHE CHOOSES TO HAVE WILL NOT BE COVERED BY MEDICAID. I have seen a woman having her 10th child via c-section...ALL on MEDICAID.BETTER YET...SHE DID NOT SPEAK ENGLISH !!!!! So now we have to provide and pay for an interpreter via The Language Line at \$6 / minute !! Seriously ?! No more. Stop the insanity now. 1 kid on welfare and that's it. again you will see a significant reduction in the birth rate. 4) No one gets the program for free. there is a monthly fee and co-pays. They absolutely have to learn that no one gets a free ride anymore. 5) The word entitlement is no longer in the English language. Health care coverage is a privilege not an entitlement. it is not owed to anyone...it must be worked for and deserved. 6) there needs to be an overview of daily expenses. surely there is acomputer program that will allow for the review of excessive charges either by the provider or from the actions of the recipient. check multi-pharmacy usage, multiple providers, multiple home addresses, etc. The fraud of these monies is horrendous. DHHS should be able to track recipients spending habits....credit	Oct 4, 2011 6:43 PM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

cards,car ownership, 2nd home ownership. You all have an open invitation to spend 4-8 hours in any emergency department in NH and see the profound waste. EBT cards pay for pet food....ARE YOU KIDDING ME ?? If you are indigent that means you barely scrape by. You do not have DIRECT TV, you do not have a new car, and you do not have a summer home at Sunapee !! Yet we see this daily in the hospital !! Employ hospital personnel to record fraud !

- | | | |
|----|---|-----------------------|
| 8 | The current Medicaid system actually works pretty well, other than problems with reimbursement so that access to dental, behavioral and developmental services are limited. | Oct 4, 2011 5:10 PM |
| 9 | Many individuals with developmental disabilities and brain injuries have tremendous difficulty understanding and completing required paperwork. Additional informative, educational forums for Medicaid recipients explaining how their use/ abuse of some services (ie. emergency room for non emergencies) effects the total cost and outcomes of care. | Oct 4, 2011 4:34 PM |
| 10 | Inadequate staffing required to process claims, questions in a timely manner. Redundancy in paperwork Inadequate amount of service providers Quality of care | Oct 4, 2011 7:50 AM |
| 11 | There needs to be checks and balances within the program so that resources are not utilized incorrectly. | Oct 4, 2011 4:22 AM |
| 12 | Role of case manager needs to be clearly defined with training and certification offered. Even PCSP have to have 8 hours of training and then yearly training. After training let case managers have more flexibility. Don't do yearly re-determinations at a huge cost to DHHS. Do as needed re-determinations when the health of the client changes. | Oct 3, 2011 9:23 AM |
| 13 | As above, eliminate bureaucratic heads who do not have a direct role in the system. Formulate regional management teams with representatives from each sector such as dental, primary care, mental health, etc., who can best provide insight and ideas on how to self-regulate. | Oct 3, 2011 3:23 AM |
| 14 | More case managers who take a more wholeistic approach to patient services, which are offered with less redundancy and more consistency. Positive patient centric outcomes. | Oct 1, 2011 3:08 PM |
| 15 | Regulatory requirements | Sep 30, 2011 10:40 AM |
| 16 | Family Friendly application process | Sep 30, 2011 8:22 AM |
| 17 | Adequate Client Services, We need case workers who respond in a timely manner when quality care and eligibility become issues. | Sep 30, 2011 5:20 AM |
| 18 | Too many referrals and specialists for routine care needs. Unfortunately with more rules and regulation, comes more paperwork and documentation rather than focusing on the care of the person and making int user friendly. Sometimes making someone personally responsible equates to "you didn't ask so too bad for you." Things need to be clear. | Sep 29, 2011 1:00 PM |

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

19	Medicaid does not appear to understand the necessities for adaptive equipment and responds way to slowly to requests.....not funding shower chairs is totally inappropriate since individuals with ABD/TBI must have them for their health and safety. Medicaid needs to recognize where cuts can be made that do not place individuals at risk for injury.	Sep 29, 2011 11:57 AM
20	There's too much paperwork that the average Medicaid consumer might not understand. They often don't fill it out or send it because they don't know what it means and then they lose their benefits. If Medicaid reimbursement was more realistic, MD's offices might be able to hire staff who could help families stay on top of renewals, etc to prevent the onerous process of re-application for benefits.	Sep 29, 2011 11:23 AM
21	Providing an array of set services that do not adequately address the needs of the client/patient rather than tailoring services to meet the client/patient's needs.	Sep 29, 2011 10:16 AM
22	yes	Sep 29, 2011 10:15 AM
23	Intergration of care dental, eye and health.	Sep 29, 2011 10:14 AM
24	paperwork takes much time of staff	Sep 29, 2011 9:24 AM
25	Prior authorization for meds	Sep 29, 2011 9:05 AM
26	limitations for dental care/preventative.	Sep 29, 2011 8:47 AM
27	Access is a critical component. There is very little public transportation and having a car for the primary breadwinner and the household manager is quite often cost prohibitive. People need some way to access care providers either by more satellite providers or transportation.	Sep 29, 2011 8:21 AM
28	Yes, The huge waste of time doing tons of paperwork verus working with individuals and their families. The continued problems with the certification dept.	Sep 29, 2011 6:41 AM
29	coverage communication prior-authorizations	Sep 29, 2011 4:03 AM
30	delays in reimbursement, delays in authorizations, delays in getting appointments	Sep 28, 2011 4:34 PM
31	redundancy in paperwork and reporting requirements	Sep 28, 2011 12:33 PM
32	It is difficult for Medicaid recipients to determine who the proviers are in their area for which kinds of services. Substance abuse treatment services are not covered resulting in increased mental health and physical health concerns, and in some cases risk of accidental death or overdose, which taxes the health delivery system more. This should be included as part of the care covered.	Sep 28, 2011 12:12 PM
33	Having to constantly request more sessions when an individual has a disorder that is organic and will never change (developmental disabilities)	Sep 28, 2011 9:55 AM
34	There should be a better way to manage those who go in and out of eligibility.	Sep 28, 2011 6:36 AM
35	The authorization procedure for mental health services for private practitioners is th most cumbersome process of any health insurance company. The	Sep 27, 2011 4:32 PM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	authorizations expire in 3 months so a client may not even use all of the authorized sessions and the provider needs to complete another very long treatment report. Also, I rarely get paid when there is Medicare/Medicaid and the reimbursement is extremely low.	
36	I feel the importance of all those that do not carry health insurance, due to the cost of it, should have the accessibility to it. The Healthy kids program in our state is always in a crisis of being eliminated. As a school nurse I see the importance of keeping this program. We have too many children in this state not covered for health care, and it is quite alarming!!! Priorities in desperate need!!!	Sep 27, 2011 8:54 AM
37	In the mental health field, medicaid currently does not allow providers to make independent decisions regarding continuing treatment for children beyond 12 sessions. I expect that a MCO will continue this practice which is another cost that should be used to fund services.	Sep 27, 2011 8:33 AM
38	Inadequate dental coverage for the clients we serve which predisposes them to long term chronic disease i e cardiovascular disease and poor nutrition thus increasing cost of care.	Sep 27, 2011 7:15 AM
39	Care management would be better done by primary care. Use funding to pay for that service at a local level.	Sep 26, 2011 2:24 PM
40	Paperwork, limited acceptable medication list, referral process, etc.	Sep 26, 2011 1:10 PM
41	SIS Interviews	Sep 26, 2011 12:38 PM
42	State Nurse assessment requirement for determination of level of care	Sep 26, 2011 11:39 AM
43	This is a program that is always changing very often impacting the efficiency of the program.	Sep 26, 2011 11:29 AM
44	A lot of time and resources are wasted by medical professionals looking up, sending, and receiving patient information. This should all be electronic and easy for multiple medical professionals to access in order to provide consistent care and avoid preventative errors like prescribing medicines that should not be taken together.	Sep 26, 2011 11:15 AM
45	collaboration among systems	Sep 26, 2011 10:54 AM
46	we need to limited the number of emergency room visits available to clients. We see a large number of our clients who will go to the emergency room instead of waiting for an appointment. These trips are for soar throat, cough, or small itmes and it is costing us a great deal of money	Sep 26, 2011 9:02 AM
47	Poor reimbursement for accute rehab leading to rehabs not accepting aproprate patients, patients then not recieving much needed care and ultimatley set up for failure and copntiued system needs for life.	Sep 26, 2011 7:48 AM
48	There has been a systematic cut in home nursing services from ALL families in the state. Having served a variety of these patients, the cut seems financial not clinical. There needs to be an honest evaluation of individual needs with empowering of families to access alternative resources. Work on a health	Sep 26, 2011 7:45 AM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	positive model of care such as many care management / insurance companies incentivize financially the self containment of costs (ie. wellness programs, funding of community programs as a transition away from therapy, etc.)	
49	yes. Transitioning to adult services is a daunting task for families w/unclear rules/regulations. Families get different answers to important questions depending on who they ask. The other issue is that the services families have fought for over the years for their child are ending w/transitioning to adult system where there are continually less services due to budget cuts.	Sep 26, 2011 7:15 AM
50	Mediciad needs an improved information system. Need to improve reimbursement	Sep 26, 2011 7:07 AM
51	The spend down system(in & out) is redundant, not understandable to the average person, ineffective and a burden to those that are low income. People often do not receive the care they need as the financial burden is too high and the paperwork is too confusing to keep up with. They often say "I give Up" that they can't get treatment because providers don't understand the system. There are many folks that do not have the capacity to understand or work within this complicated system.	Sep 26, 2011 6:58 AM
52	eliminate areas of redundancy in the system. for example HCBC services take too long to put in place. Eliminate the layers of bureaucracy. Spend more on the clients that you do on administering the programs...	Sep 26, 2011 6:30 AM
53	Reimbursement for behavioral health providers.	Sep 25, 2011 5:41 PM
54	Inefficient use of EMR Lack of Integration of Mental Health, Substance Use and Behavioral Health into Primary Care	Sep 25, 2011 4:17 PM
55	Inability to access database of all providers available for care.	Sep 23, 2011 5:23 PM
56	Lack on information to providers concerning eligibility of patients for care	Sep 23, 2011 2:11 PM
57	Spend downs are to confusing to people they should eliminate spend downs	Sep 23, 2011 11:41 AM
58	Tons of waste! Not enough continuity, not enough primary care providers, inadequate reimbursement for same, all result in unnecessary expensive procedure, "rescue therapy" for problems that should have bee prevented.	Sep 23, 2011 10:41 AM
59	Less bureaucracy and duplicity in the system.	Sep 23, 2011 9:22 AM
60	Parents use emergency room and acute care far too often when a visit with the PCP would be adequate. Parents need more education about this. There could be better coordination with WIC such as blood draws so they are not repeated unnecessarily.	Sep 23, 2011 9:19 AM
61	The length of time to get assistance covered. Problems get worse when people don't get care. Ex. ER visits and pain medications to cover up symptoms.	Sep 23, 2011 8:38 AM
62	delays in authorization for medications that are not on the formulary but are necessary for sx management create a burden for providers (time wise) and compromise care, referring clients for the Choices for Independence Program as	Sep 23, 2011 8:30 AM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	a bandaid to address the clients unwillingness to pay for homemaking or to avoid the spend down on in and out medicaid, it is grossly inappropriate and a waste of taxpayers money and waste of home health agency staff time on individuals who are not medically appropriate for the program.	
63	Lack of Dental coverage/care. Lack of participating providers. Redundant paperwork during application process. Lack of communication between patient/client and case workers.	Sep 23, 2011 7:44 AM
64	Outsourcing decision-making regarding formulary choices, ordering CT/MRI slows down provision of care	Sep 23, 2011 7:33 AM
65	inefficient reimbursements; extra, inefficient application hoops for the client to jump through; not enough application support	Sep 23, 2011 7:20 AM
66	Big mistake to take away from birth control, STD testing, etc.	Sep 23, 2011 7:17 AM
67	The current cost containment tactic of sourcing "care management" to a third party, for profit corporation (presently Schaller-Anderson) should be eliminated. The program should instead focus on clinical quality outcomes and adopt a shared savings model of reimbursement.	Sep 23, 2011 6:55 AM
68	Anything to reduce the amount of paperwork, prior auths, etc would be extremely helpful.	Sep 23, 2011 6:43 AM
69	no	Sep 23, 2011 6:37 AM
70	The limited services available to patients - no dental benefit or vision for adults.	Sep 23, 2011 6:30 AM
71	reimbursement is currently so low there is little or no incentive for providers to align around a more selective Medicaid managed care network.	Sep 23, 2011 6:22 AM
72	I believe that adults on Medicaid should have copays for office visits and medications, (very small copays, maybe \$1.00 to \$5.00 range with a yearly maximum out of pocket cost) but I think they should feel accountable somewhat for a small amount. I do not feel there should be any copays for children on Medicaid.	Sep 23, 2011 6:05 AM
73	One may want to question is "Managed Care" an organization or a process? We have all seen the prior and yet few consider the latter. In considering the latter from there are only two phenomenon occuring. First things are moving and time is passing; that is all there is from a reductionist perspective. That said we can consider what is moving. The patient is moving, the information is moving, resources in meeting patient needs are moving, and money is moving. To the best of my knowledge no one has ever performed a process flow responsibility matrix to ascertain the current flow. Once the current flow is understood one can consider the ideal flow and hence the gap between current and ideal states. The gap analysis will point to non-value added effort and associated cost; e.g., the cost of waste that once identified can be mitigate and redirected to value added and / or reduction in expense. The key is deliberate thoughtful consideration of how to design this with the patient at the center and how does one optimize their accountability as an active participant rather than a passive disempowered entity.	Sep 23, 2011 5:42 AM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	I would recommend using a 1996 article published in Quality Progress entitled Solving the Documentation Dilemma as a seminal publication with regard to flow chart responsibility matrices. I believe we will discover that one may generate with the appropriate support structure the desired quality and financial outcomes of managed care as a process rather than an outside looking parental organization that is more likely to damage rather than enhance relationships. It is not logical to add another layer concurrent with reducing expense. Winston Churchill once stated " you can always count on America to do the right thing.... after having done everything else" My question is how is it going to go this time?	
74	we have too many people who use the ER as their primary care provider. It is not always because they can't see their doctor, it is because it is convenient and they are not responsible for the bill	Sep 23, 2011 5:33 AM
75	external care management oversight vs supporting it to be done at primary care level	Sep 23, 2011 5:30 AM
76	No	Sep 23, 2011 5:25 AM
77	ability to talk with some at medicaid - too much paperwork takes away from time to see clients low reimbursement for the quality care that is given pay private providers for case management which they are not paid for at this time.	Sep 22, 2011 8:27 PM
78	constantly changing formulaty	Sep 22, 2011 4:31 PM
79	Medicaid should not allow someone to use emergency services as their primary care. Managed care with preauthorization of services should be required of participants. There should be a limited time for enrollment until someone is disqualified. It should not be more beneficial for someone not to work in order to qualify for free health care. Financial limits should be increased in order for self-employed or working poor would actually qualify v/s being penalized for working. There is too much abuse of the system and people know how to play it everyday. Find out who they are and take their benefits away.	Sep 22, 2011 3:32 PM
80	no preventative care and limited or non existent care for substance abuse and mental health treatment.	Sep 22, 2011 2:02 PM
81	The data systems leave a lot to be desired in terms of producing meaningful feedback to providers to improve outcomes and cost.	Sep 22, 2011 2:01 PM
82	Care coordination should be housed in primary care and not with the vendor. Give primary care the resources to provide the coordination effort.	Sep 22, 2011 1:29 PM
83	I happen to like the current system. As a provider, their payments are equal or better that private companies, although none of them reimburse what my services are worth. I would like to see Medicaid be less confusing with their rules for clients, to include eligibility guidelines.	Sep 22, 2011 1:02 PM
84	Redundancy in paperwork and reporting requirements; DHHS Staff that has far too many cases to effectively assist clients and providers.	Sep 22, 2011 12:55 PM
85	Absolutely. Allow physicians do their job caring for their patients. If the program	Sep 22, 2011 12:51 PM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	is funded appropriately, patients will not feel they can't call their primary provider due to money issues. It isn't just all about money. It's about quality patient care.	
86	The amount of paperwork needed to become a provider. Having limited access to quality dental and mental health care. The system doesn't always take into account that the provider sees the patient as he/she is at a given time and orders tests based on what he/she sees and Medicaid does not pay for some of the tests that are needed. There are some over the counter medications like Vitamin B6 that people who have latent Tuberculosis infection should take to lessen the side effects of TB medicine that aren't paid for by the program. I don't think that healthcare is a priority for some people who have to decide whether to pay for groceries or pay for a doctor's visit and hence healthcare does not become a priority for them.	Sep 22, 2011 12:49 PM
87	in and out , application process is antiquated should be on line for all providers to assist their patients in the application process	Sep 22, 2011 12:42 PM
88	The spenddown program needs to be reviewed, revised or eliminated.	Sep 22, 2011 12:41 PM
89	Yes, Delays in application and approval for program eligibility; provider agencies that won't service Medicaid clients because of inadequate reimbursement; poor program management at State level;	Sep 22, 2011 10:51 AM
90	Current medicaid does not cover substance abuse treatment.	Sep 22, 2011 10:51 AM
91	Centralized database	Sep 22, 2011 9:43 AM
92	Communication - when a client has a question about anything with their Medicaid coverage they should be able to get ahold of a knowledgeable and friendly representative quickly, and if that person needs to get back to them they should do that within a timely manner.	Sep 22, 2011 6:55 AM
93	Too many area agencies.	Sep 22, 2011 6:40 AM
94	The wait times for determining eligibility are excessive. The contradictory letters sent to families are confusing. Family Service workers do not have e-mail (that I know of) and they are difficult to reach on the phone when there are questions.	Sep 22, 2011 6:36 AM
95	The length of time it takes to become an approved provider. And substance abuse services not being covered.	Sep 22, 2011 6:21 AM
96	A current inefficiency is not allowing reimbursement for substance abuse services	Sep 22, 2011 6:00 AM
97	yes, mental health and substance abuse care need to be combined. the application process for providers to get on medicaid panel needs to be easier.	Sep 22, 2011 5:27 AM
98	streamlined paperwork. access to substance abuse treatment without always need of dual diagnosis. reduced reimbursement. experience with case managers is that there gate keeper role makes it difficult for those providers who are definitely able to provide quality care by meeting personally with a client not by a phone conversation. much too much time spent there	Sep 21, 2011 4:58 PM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

99	coverage for substance abuse prevention, treatment, and intervention services; dental coverage other than just extractions - give people adequate care!	Sep 21, 2011 4:14 PM
100	I am not aware of everything Medicaid offers but I do know that we will save billions of dollars if we treat substance abuse disorders	Sep 21, 2011 2:29 PM
101	Application process for SSDI - wait 5-6 months for decision then currently 98% denied first time, given 60 days to appeal, then another 5-6 months for court date/decision. One year is a long time to wait for help.	Sep 21, 2011 1:40 PM
102	I would like to be reimbursed through Medicaid for professional services to clients. I am told that Masters leveled (42 hour M.Ed.) LADCs are not eligible unless they are supervised by another licensed LADC with a 60 hour Masters degree. This seems unfair considering the cost of licensure renewal and my many years of experience in the field.	Sep 21, 2011 1:06 PM
103	Over reliance on Mental Health Centers as the "primary" provider of mental health services to the exclusion of private practices and nonprofits.	Sep 21, 2011 5:33 AM
104	Multiple state agencies providing multiple services without coordination, or sometimes without any knowledge of each other, to one client. I find it helpful to know what the other agencies have for stated goals for a client. This info is hard to get.	Sep 21, 2011 5:25 AM
105	Clients ability to abuse the system. Reimbursement rates are way too low--good providers solo don't want to be part of the system.	Sep 20, 2011 2:09 PM
106	The wait for people who clearly qualify to obtain benefits and services.	Sep 20, 2011 1:31 PM
107	Change the criteria for those getting services. So many people get the service who don't need it and others at times abuse the system which causes higher costs. Do not mandate how people live, rather give incentive for good choices.	Sep 20, 2011 1:09 PM
108	There are some duplications of services due to rigid regulations about how each agency provides services; there needs to be flexibility in order to avoid duplication.	Sep 20, 2011 11:38 AM
109	For people in the DDs system a redetermination form that continually come is a waste of time and money. The disability is developmental and does not go away unlike other disabilities in the mental health system.	Sep 20, 2011 11:14 AM
110	Redundant reporting requirements. Providing the same information over and over.	Sep 20, 2011 11:11 AM
111	Paperwork overload-delaying payment to providers Lack of easily obtained information for the consumer Third party decision making on where service should be provided	Sep 20, 2011 9:48 AM
112	paperwork requirements that take time away from treating clients, and constant redeterminations for consumers, a lack of trust and respect for behavioral health care providers	Sep 20, 2011 9:13 AM
113	The lack of funding requiring a waiting list for needed services.	Sep 20, 2011 9:02 AM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

114	It is inefficient and more expensive to not have comprehensive care that integrates Treatment and Prevention for Substance Abuse, Behavioral Health, and Oral Health into primary care.	Sep 20, 2011 8:34 AM
115	Reducing paperwork that is not necessary; having a point of contact for providers and family members to decrease the wait time for responses and reimbursements.	Sep 20, 2011 8:26 AM
116	streamline paperwork, add dental (not just for extractions), appeal process, processing timelines.	Sep 20, 2011 8:12 AM
117	I notice inefficiencies with groups of clients who are high utilizers of the system and therefore need a different approach to and higher level of care. Mental Health Centers, hospitals, and other providers need the space and money to be allowed to use their professional judgement and expertise to design and/or follow evidenced-based practices in order to implement better centers of care for groups of high-utilizing clients. Otherwise, these clients are seen in more expensive settings which aren't necessarily more appropriate, which is a huge inefficiency to the system. Providers around the state are building collaborations with each other in order to do this, and it is necessary for the state to also complement their efforts in order for it to be successful. My fear is that managed care will bring a higher level of bureaucracy along with less state reimbursement which will make the provider's job more difficult and less efficient.	Sep 20, 2011 7:56 AM
118	Yes, lack of mental health or substance abuse services causes too much of the "medical based" services such as PCSP to be put into place as CFI is the only option. Clients then demand their PCSP to drive them, provide socialization and companionship from a medical program. Streamline and clearly define the programs. NO exceptions! Do not accept clients on a medical program unless they have medical issues or functional disabilities. Secondly, families getting paid for the care of their elderly family member should be in a different category with limitations. Many families who get paid to provide care are able to live a higher lifestyle than families who take responsibility and care for their own with no help. That is not fair. Third, I think that allowing PCSP and family members rather than LNA's has eroded the "medical emphasis" of the CFI program. There needs to be 4 different categories for adult programs: Medical program for the elderly and adults with medical needs, Family supports for the caregiver family (could be thru property tax reduction or other similar means rather than direct payment of cash income), Mental health support with outreach workers and Substance abuse support with limitations for those who chose to continue to abuse substances.	Sep 20, 2011 6:28 AM
119	When babies are born to a mother who has Medicaid, it should be automatic that the child is covered from his/her date of birth and that does not always happen so there are visits with this family that are not covered.	Sep 20, 2011 4:45 AM
120	All adults on TANF should receive Medicaid, to include having a spend down amount as the amount should increase with the length of time they have received financial assistance.	Sep 19, 2011 7:21 PM
121	State redundancy	Sep 19, 2011 6:40 PM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

122	different requirements from the different agencies in the system	Sep 19, 2011 2:36 PM
123	I could answer this question better if I had direct experience in each of the steps, but my view is very limited. Family-Centered Early Supports and Services programs access Medicaid through a bundle negotiated by the Bureau of Developmental Services. Our access to reimbursement from Medicaid is managed by the area agency system and its subsequent contract with our agency as a vendor. I have no doubt that there are operational inefficiencies with the recordkeeping and billing process, but that is not my area of expertise as we provide data for the area agency and they manage the reimbursement process. Families with Medicaid enrolled in FCESS have access to an array of services within the system and are denied access to "duplicative" services outside the system (PT, OT, Speech Therapy).	Sep 19, 2011 2:10 PM
124	Application process for services through DHHS	Sep 19, 2011 1:58 PM
125	No dental coverage	Sep 19, 2011 1:48 PM
126	Too much funding going to nursing homes; too little for community based services for elders. Change the 80/20 ratio to 50/50.	Sep 19, 2011 1:20 PM
127	no, everyone seems to be squeezing the most out of every resource	Sep 19, 2011 1:07 PM
128	Guidelines are too high. Many uninsured consumers are without health care because of the inability to afford it, yet they make too much to qualify them under the current medicaid program.	Sep 19, 2011 11:22 AM
129	Too much bureaucracy; too little done to eliminate/reduce fraud.	Sep 19, 2011 10:59 AM
130	eliminate prior authorizations for meds as pts freq have to try 2-3 other meds to get the one that works need prior authorization for ct scan ect	Sep 19, 2011 10:39 AM
131	In order for any good plan or organization to operate, you have to have people who are adequately trained to do the job well. You also need to have low turnover and people who really care and understand the needs of the people that they support. The current system is difficult because it is near impossible to get ahold of anyone and even more difficult because you often get incorrect or inconsistent answers.	Sep 19, 2011 10:23 AM
132	Streamline regulatory processes	Sep 19, 2011 10:18 AM
133	Lack of coordination of developmental services with behavioral care services.	Sep 19, 2011 9:53 AM
134	Some recipients have multiple case managers, such as with mental health provider, primary care office, CFI program, and Moore Center or GSIL services. They often handle different issues, but there is some duplication.	Sep 19, 2011 9:18 AM
135	I work adults who are funded through BDS waived services. The conflicting and overlapping He-M regulations are extremely inefficient. Between He-M 1001, He-M 507, He-M 1201, and He-M 525, to name only a few, it seems that a system could be designed that would provide individuals receiving waived service for community residences normalized living situations without so much often conflicting oversight.	Sep 19, 2011 9:08 AM

Page 7, Q30. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

136	Prior authorizations for medications needs to be streamlined/eliminated. Current process takes 24+ hours for approval and consumes providers time which could be better spent providing care for our patients.	Sep 19, 2011 8:16 AM
137	Regarding home care for seniors on the CFI program I am concerned about reimbursement rates and providers deciding they can no longer provide services. Increase in rates or incentives for providers to continue to provide the needed home care services is necessary. We have diminishing funds and an increase in folks needing the services. Continue to focus on home based care for seniors and adults with chronic illness and disabilities to cut costs.	Sep 19, 2011 7:44 AM
138	I do believe that the current system is flawed. Patients with Medicaid can go wherever they want to including the emergency room for care. They have multiple providers and are not penalized for this. This is not good care. They should have a registered PCP like most of the private insured have. they should have a minimal copay such as \$3 office visits as Maine Medicaid currently charges. Additional charges should apply for unnecessary ED visits to discourage patients from going for no urgent issues.	Sep 19, 2011 7:31 AM
139	absolutely - each Area Agency for DD and ABD has different reporting and service requirements, different forms and timelines. Management and oversight is redundant at the State, AA and provider agency level. Staff turnover at the AA level creates redundancy at the client and team level, since issues/concerns re; meeting client needs are addressed over and over and over with little ability to move forward. Service planning no longer occurs at the team level due to an extreme focus on completing paperwork.	Sep 19, 2011 7:30 AM
140	The constant paperwork from multiple agencies that is basically the same but patients get so tired of redoing for each and every one of them. If an agency could just log in to one system and add or update information on each patient that would be wonderful	Sep 19, 2011 7:28 AM
141	Evidenced based practices imposed by the system and pushed on consumers when it is not their priorities. Making provider's financing depend on systems' choices not consumers' choices. We need to inform, educate and give some options. The rest depends on consumers needs and choices.	Sep 19, 2011 7:15 AM
142	Communication	Sep 16, 2011 12:22 PM
143	Sometimes the health care delivery system does not want to deal directly with the patient and refers all problems to the area agency instead. This is true for people who abuse services such as non-emergency problems in the ER and costly ambulance rides when there is no emergency with no resultant cost to the person abusing the system.	Sep 16, 2011 12:09 PM
144	The current first come, first served method of meeting with people to apply for services disrespects them. Having specific appointments is a more efficient use of recipient and staff time.	Sep 16, 2011 12:08 PM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

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|---|---|---------------------|
| 1 | The destiny of my two young sons has been changed through intensive quality ABA - I am fortunate we had the funds to pay for such a program at approximately 65,000 a year per child. Our children were diagnosed with severe autism before two. Our children are now in 3rd grade and 1st grade, receive no services, show no residual effects of autism and are in two major studies for "optimum outcome" children. I want the families of young children in New Hampshire to have the opportunity to change their child's destiny. All children will not have the incredible outcome as my children, but as a parent, each milestone is invaluable. As a provider, I also want to treat the whole family, help them navigate the system. If managed care can take out the incredible stress families incur, not from diagnosis, but feelings of despair, helplessness, after the realization sinks in that there is a treatment, but it is unattainable due to funding. I will be absolutely thrilled and wholeheartedly support managed care. I don't want to ever have to turn a hopeful family away because they can't afford to help their child. | Oct 5, 2011 3:52 PM |
| 2 | Don't think this is the easy way to save money. It will create more problems than exist now. The budget is the wrong target.. The goal needs to be positive health outcomes for this fragile population. | Oct 5, 2011 3:29 PM |
| 3 | Autism diagnosis should be enough to get Katie Beckett medicaid. It is such an expensive disability and in the past, most of these kids, would have been institutionalized. | Oct 5, 2011 9:30 AM |
| 4 | this program has potential but...many of the recipients are cheats (my experience). they have no morals, no ethics, no sense of shame...they wave the medicaid like a badge of honor ! They feel entitled !! well no more. 1) they must enroll in an English speaking class within 4 wks of arriving. they must have an in person interview at 3 months and have some conversation in English. At the 6 month meeting they must be very proficient to be able to converse on basic topics. 2) No ED visits for minor office c/o. They MUST see the PCP. inappropriate use of the ED results in no medicaid coverage...they own the bill. Yes I know that the feds say anyone can go to the ER anytime...but they are wrong ! This has greatly contributed to the healthcare crisis. 3) max time on medicaid = 2 years . to facilitate generation after generation being on the "dole " has to come to an end. with the other suggestions perhaps this is an attainable goal. Now pertaining to the Disabled Community....those who are truly disabled need to be cared for by the community of NH. It is our moral and ethical duty as put forth by Pope John Paul..." a nation will be determined by how they treat the poor and handicapped ". Most people are not handicapped by choice...it just happens. They deserve quality health care and adequate and appropriate coverage for reasonable and appropriate treatments. Since many cannot advocate for themselves we must do that for them . Compassion, respect, dignity and comfort is our basic duty to them Again the cautionary word her is " truly disabled ". There are many folks on disability who have no provider, are on no medications and have no care plan and yet...are " disabled ". This is highly suspect. As is a 23 yr old who comes to the ER for cold symptoms...when asked " what kind of work do you do?" and the rspnse is "Oh I'm disabled. " For what reason are you disabled ? " Oh I'm learning disabled"...yet he drove himself to the ER. Surely he can work at some job !! A complete review of all current recipients and an ongoing assessment must be in place. It appears what has happened is that no one was minding the store....someone fell asleep at the switch and the program went wild and there is no accountability. Clearly this | Oct 4, 2011 7:41 PM |

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

	must be a priority in developing the new program. Public disclosure of how the monies are spent is due to those of us who work 2 and 3 jobs ...because people on welfare depend on us ! We have to get folks to understand that each one of us is responsible for ourselves...first and foremost. We need to make sure that those on medicaid are truly deserving of the service.	
5	Care Coordination services should be imbedded in the MEDICAL HOME (pediatric or primary care office) and not in the bureaucracy. Reimbursement for care coordination services should be provided to those who perform them well.	Oct 4, 2011 5:12 PM
6	When you ask about having people take responsibility for their quality of care are you referring to the thinking some legislators have that...your child your problem? Or are you referring to having people be directly involved in the design of their own program? I support the individual having input into the design...I do not, however, support the misguided thinking that every person is an island and can exist without any supports what-so-ever.	Oct 4, 2011 4:24 AM
7	If you truly desire to keep people "out of nursing homes" take a look at the currently administration of Medicaid CFI.	Oct 3, 2011 9:24 AM
8	I appreciate the State and Commissioner Toumpas for initiating these forums and for taking the time and effort to allow individuals such as myself who work within the system to provide this input. As a result, The State of New Hampshire is capable of creating a new system of health care that could become a benchmark for both its cost-effectiveness and quality of care. I would hate to see "Managed Care" become something akin to current HMO's that operate within the state, regulated by an insurance industry who's primary concern would be its own profit at the cost of the individuals who receive services. Thank you, Cynthia Milley	Oct 3, 2011 3:23 AM
9	Measure outcomes not dollars.	Oct 1, 2011 3:08 PM
10	Consider the dept. of hhs to become a MCO like VT. do not give Medicaid management to an out of state for -profit company	Sep 30, 2011 10:42 AM
11	Nope!!	Sep 30, 2011 5:20 AM
12	As a case manager, I would like to see the application for Medicaid Eligibility become a smoother process for parents when they apply on behalf of their children with disabilities.	Sep 29, 2011 12:09 PM
13	In NH there have been drastic cuts to health centers. More decreases in reimbursement or more regulatory requirements may cause closure or limited services. This will place an added burden on other practices.	Sep 29, 2011 12:02 PM
14	I would like to see families on Medicaid be able to receive the brand name prescription when necessary without making the client and MD jump through so many hoops.	Sep 29, 2011 11:29 AM
15	Big gap in current system is the ability for people to have preventative dental care, certain adaptive needs such as shower chairs.	Sep 29, 2011 8:48 AM
16	I believe people need to be educated about good health care. There is a severe	Sep 29, 2011 8:30 AM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

	lack of education in our schools pertaining to health (after all, there's no state test...). There is no education about seeking health care - what's available and what is it available for. I believe we need to step up to that task before any system will work well.	
17	Just make it better.	Sep 29, 2011 6:41 AM
18	I believe that proactive educational programs around managing chronic health conditions for a patient with a disease would help them to be able to manage their condition more independently, live a healthier life and ultimately be more cost effective for all involved	Sep 28, 2011 12:37 PM
19	Streamline paperwork, e.g. 276 and 277 forms are designed for use by nursing homes, not developmental services. What if we had forms that actually represent the needs of people with developmental disabilities? Train medical professionals in what you need stated on these obscure forms or design new ones that are self-explanatory. It is time for the state of NH to recognize dental health as an extremely important part of a person's overall health and health care. Please retain Medicaid recipients ability to make their own medical and behavioral health decisions.	Sep 28, 2011 8:34 AM
20	It seems important to align any outcomes measures chosen for Medicaid as closely as possible with outcomes measures required by other q.i. entities.	Sep 28, 2011 6:38 AM
21	Previous question was unclear	Sep 28, 2011 4:55 AM
22	As a provider of mental health services, I have not had an increase in rates in the 15 years that I have been a provider. Everyone else in the delivery system has had a raise in that time (eg: the person who cuts the checks, and any state worker involved in the process.) However, there is now a FOR PROFIT company (Schallar Andersen owned by Aetna who bought Schallar Andersen to make a profit managing mental health Medicaid) managing my work with clients. I'm sure that Schallar Andersen's employees make a fair living and get raises. (And they have health insurance which is unaffordable to a person in private practice) The local mental health center has a 6 month wait. Who will see these clients when it is unaffordable for private practitioners to see them? Why don't we get paid for collaborating with physicians?	Sep 27, 2011 4:41 PM
23	Healthcare is a necessity today especially with all the high cost of services. Funding should be provided so that those less fortunate will have the ability to access these services, as well as help in the prevention of illnesses and diseases and improve their quality of life.	Sep 27, 2011 8:59 AM
24	Medicaid rates have not been increased for mental health providers in 16 years. To add on increased paperwork, hoops to jump through, and the arrogance of a giant insurer will not make it easier to provide these services to some of our most vulnerable citizens.	Sep 27, 2011 8:35 AM
25	Medicaid recipients who live in rural communities should not be penalized by a managed care company for using the ED instead of seeing PCP if PCP not available after hours/ weekends. Typically those of us who live in rural communities do not have 24/7 access to urgent or walk-in care facilities. I would not like to see a managed care company require our clients to see a new PCP if	Sep 27, 2011 7:24 AM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

	they are already well established with their current PCP as I believe it would be too disruptive to continuity/ quality of care.	
26	We need a system to care for our children, as they are our future.	Sep 27, 2011 5:37 AM
27	Patient accountability is needed in any new system if there is an expectation of improving quality of health and wellbeing. Compliance with appointments, medical advice and treatment need to be part of the recipient's contract for coverage.	Sep 26, 2011 1:12 PM
28	Process to get items such as a wheelchair approved for a person that cannot walk impedes discharge and increases the overall costs	Sep 26, 2011 11:43 AM
29	Care Management is only one part of the whole. The Primary Care provider need to be able to provide the care needed by the patient. The Care Management approach can not add a barrier between provider, patient and quality care.	Sep 26, 2011 11:31 AM
30	I think we need a system that encourages (if not down right mandating) that patients show up for recommended follow up care. So often we see them skip the routine appointments and then have to be hospitalized because the situation gets worse and worse. This wastes money, resources, and hospital beds for what could have easily been avoided with proper follow up care.	Sep 26, 2011 11:17 AM
31	Philosophical improvements in caring for oneself come with the time and luxury to reflect. These are important but will come with access to the system itself.	Sep 26, 2011 10:56 AM
32	Clients on Medicaid need to have limitations to services just as providers do so that they understand that Medicaid isn't a fee services and that it is a health care plan just like those of us on private insurance	Sep 26, 2011 9:03 AM
33	no	Sep 26, 2011 7:15 AM
34	I found your public meetings a big wast of my time.	Sep 26, 2011 7:07 AM
35	the system as it stands is very complicated, not pt. friendly or focused. The paperwork can be very burdensome and often no one gets their calls answered. This survey only allowed me to choose one role that I play. It did not allow for the multiple ways that I personally and professionally interact with the system.	Sep 26, 2011 7:01 AM
36	The integration of Behavioral Health including mental health and substance abuse is critical to improve the health and well being of our citizens both on medicaid and private insurance. To address these issues would have a huge impact on the delivery of health care and would lower the cost of health care long term.	Sep 25, 2011 4:21 PM
37	Every single human being deserves care. Period.	Sep 24, 2011 5:28 AM
38	I feel that employing a managed care company from outside our state will be disasterous; will increase cost to the State overall and no cost savings to be achieved . As a provider for > 30 years, I feel that the portions of "managed care" that the State currently employs such as the drug formulary, work well. Our state is small, and bringing in an outside entity to step in to effect "cost savings"	Sep 23, 2011 3:09 PM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

is simply one more expenditure the state cannot afford and will reduce efficiency.

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| 39 | Need to be sure application process is reasonable/efficient/patient friendly so that people can access the care they need. Reimbursement rates need to be adequate to keep providers in the system--not only doctor's offices, but also dentists and hospitals (especially obstetric units). Increasing regulation (prior auths in particular) is likely to increase overhead costs. I would suggest a system where the providers who are at or above the 50th percentile for appropriate generic use and ordering of advance imaging do not have to bother with PAs and those who are below the 50th percentile do PAs for off formulary, more expensive meds and tests. This way the cost containment is targeted and cost efficient providers are rewarded with fewer hassles. | Sep 23, 2011 3:00 PM |
| 40 | Availability of comprehensive case-management and care-coordination would improve quality and decrease costs overall. Be certain to plan for all costs associated with ensuring communication access. Access to specialty care is very important. | Sep 23, 2011 12:39 PM |
| 41 | The managed care providers may be responsible to hire transportation brokers to ensure clients get to their appointments. Great care should be taken when considering how this will be done. NH provides medicaid transportation quite poorly at this time. A newly enrolled transportation provider does not get any direction on the proper way to carryout their responsibilities as a provider because there is no initial training available and no oversight of transportation unless there is suspicion of fraud. Medicaid transportation is the largest program within DHHS providing transportation. In many areas there are very few transportation providers available for all DHHS program needs (seniors, Dev Disabilities, etc). If medicaid funds are taken out of trips provided by current operators they may not have sufficient ride volume to continue to operate. Should this happen other DHHS program would suffer the loss. DHHS needs to require the broker to carry more insurance than current required, require drivers to be trained in proper wheelchair securement and lift operations as well as passenger assistance/sensitivity as required by the ADA. Current private providers do not meet this standard and no oversight is being provided. Brokers also need to meet vehicle maintenance requirement to ensure wheelchair lift operate properly, safety equipment is in good working order and records are kept to review. This also is not currently done and the reduction in reimbursement rates to providers ai starting to show on providers vehicles. There should also be a limit on how old a vehicle providing services can be. Currently, providers are operating vehicles over 10 years old and over 200,000 miles on them. This practice without oversight is dangerous. The brokers should be required to work through the coordination structure developed by DHHS and DOT. Regional Coordination Councils have been working to develop operating standard for all providers to adhere to for safe operation. These should be considered to be part of the requirement of any brokered transportation services included in the Medicaid Care Management RFP. DHHS should consider the State Coordination Council assist them in review of the criteria DHHS may require of transportation brokers to point out adras that need to be improved before the RFP is issued. DHHS must provide a solid system of oversight of all transportation providers to ensure criteria required is being provided and not wait until their is fraud or worse an accident with a client on-board. | Sep 23, 2011 11:53 AM |
| 42 | Good, quality, thoughtful, primary care is the cheapest, quickest pathway to | Sep 23, 2011 10:42 AM |

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

	lower costs and improved outcomes. Funding primary care education and supporting community health centers are sure-fire investments.	
43	For developmental services, either develop a new MC entity under CSNI or BDS.	Sep 23, 2011 9:26 AM
44	Not everyone can be expected to handle the medical care in the same way. Some people are extremely good and can advocate for themselves and follow up on appropriate and necessary care. Some people feel less confident and feel intimidated by the health care especially if they are seeing different people all the time or they have mental health issues that cloud their judgement on appropriate or necessary care. Preventive care is a foreign experience for some and low on their priorities when they are dealing with other needs. There has to be a flexible system which allows for independence of some and managed care follow up for others.	Sep 23, 2011 8:44 AM
45	No	Sep 23, 2011 7:44 AM
46	I would like to see a single-party payer, Medicaid for All!!	Sep 23, 2011 7:33 AM
47	Please do not cut the federally qualified healthcare facilities. They provide so much needed care to the community. If it weren't for them several people wouldn't even be accessing care for their health. They are there to help the community stay healthy in an affordable way. Please support them.	Sep 23, 2011 7:20 AM
48	There should be a limit on the number of children that a mother or father can have and be in the Welfare system. I also believe that there are numerous jobs available that should be a determining factor on the amount of money extended to the parental units. For example - if a parent has the custody of school aged children and the parent has no job, there are plenty of organizations that are looking for volunteers, and if they are receiving state aid, they should have to work/volunteer.	Sep 23, 2011 7:13 AM
49	It is never clear who is qualified for NH Medicaid and who is not. Unfortunately there seem to be so many that have multiple chronic health conditions that don't qualify, and so many others that are on Medicaid that should not be.	Sep 23, 2011 6:18 AM
50	I am very concerned with the Medicaid program for children. As a school nurse and with past experience in Home Care, I have seen how great the Healthy Kids program has been. Before Healthy Kids we saw many children in school without Health Insurance with parents unable to afford Health Care for their children. With Healthy Kids I rarely see children without insurance and when I do I facilitate the Healthy Kids process with the parents. The buy in program has been wonderful allowing parents of low to moderate incomes purchase low cost insurance for their children. I would hate to see this program dissolve. I feel that all children have the right to quality wellness and health care.	Sep 23, 2011 6:12 AM
51	As always I am willing to come to the table and work toward a solution; I always have and I always will. There are no "bad" people involved in this rather lack of thoughtfulness in creating the accidental system we currently all suffer from and we have an opportunity through a generative collaborative process to be more thoughtful and deliberate. I will watch, listen, and await an opportunity to contribute to a better solution. Thanks for asking for input; a step in an appropriate direction.	Sep 23, 2011 5:44 AM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

52	It is the state responsibility to make sure that people have access to care. Especially the people who are truly unable to care for themselves. We also need to find a way for people who are working and trying to improve their lives get decent care and not loose everything due to normal health care needs.	Sep 23, 2011 5:37 AM
53	Medicaid services are most effective and efficient when care is delivered at the primary care level with a broad range of incentives and disincentives for cost efficient, quality care. Attempts to add steps (preauth's, care mgt oversight....) add cost with little improvement. Support and accountability at the primary care level will improve quality and reduce cost. It is OK to restrict access to high cost interventions that hold limited utility as long as basic care is well supported.	Sep 23, 2011 5:32 AM
54	Some of the costs could be off set by truly understanding who you are giving benefits to. What looks like one thing on paper is something else when you see first hand what people are going through. I also think that some current Medicaid patients could also use additional services outside the scope of medical services. For instance they need to learn how to manage the money they do have, how to make healthy choices, and they need to learn how to accept responsibility for themselves instead of making the state responsible.	Sep 23, 2011 5:29 AM
55	no	Sep 23, 2011 4:41 AM
56	using Managed Care vehicle for Medicaid is ging to prove quite expensive and counter productive in terms of cost containment due to clinical complexity & vast health care needs of all Medicaid recipients ...	Sep 22, 2011 8:34 PM
57	The new system needs to be easier to navigate for the recipient and it needs to be preventative, not reactionary. If a person is getting quality health care that focuses on prevention and maintenance the state will spend less money and the recipient will be in better health.	Sep 22, 2011 2:04 PM
58	If cost is the only driver I am truely concerned on who will bid on the program.	Sep 22, 2011 2:02 PM
59	The care managment system should be built upon patient centered medical homes. In this provider based setting we should expect that agencies provide or arrange for services such as smoking cessation programs, parenting classes etc.	Sep 22, 2011 1:31 PM
60	Just that in this day when money is tight for everybody, health care isn't seen as a priority because other survivial needs such as shelter and food have not been met. Getting people to take responsibility for their health is important but unless other needs are met, healthcare won't be a responsibility. Also there are many families who don't meet the financial requirements by a few dollars and they need help too!	Sep 22, 2011 12:52 PM
61	what role do the saftey net providers play in the system . Agencies like Federally qualified Health Centers do a great job now coordinating their patients care with others and providing high quality lower cost services	Sep 22, 2011 12:44 PM
62	Without the appropriate services provided to the needy in our state, the lives of all New Hampshire citizens will all be affected. The Healthy Kids program is an essential service. I can not conceive of how to help families without this kind of support.	Sep 22, 2011 12:05 PM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

63	Please reverse the decision not to reimburse for transportation provided by workers employed by Medicaid providers.	Sep 22, 2011 12:05 PM
64	I work as a school nurse and NH Healthy Kids is a lifeline for health AND education for children. I worked in schools before the Healthy Kids Initiative and I have seen how there lives have improved with this program. When we neglect childrens' health we just pay for it multi-fold in the future in terms of more cost with chronic health issues. Kids who aren't healthy are also harder to educate and we would feel those losses as well. The health and future of our children should be a top priority. especially as it impacts all of us in multiple ways and because they cannot make choices to care for themselves without the aid of adults.	Sep 22, 2011 11:54 AM
65	Don't see how non-medical services such as developmental disabilities fits into the scope of Medicaid Care Management.	Sep 22, 2011 9:45 AM
66	People with disabilities need a lot of support taking control of their health. Many of them are unable to make health care decisions for themselves. Their accessibility to good doctors and quality health care should never be limited. In addition, their needs are ongoing, throughout the span of their lives, and they will continue to need services and supports from the Medicaid system, services beyond standard medical care. A medical care model that requires the patient to make adequate "progress" in order to keep services would be inappropriate for this population.	Sep 22, 2011 6:43 AM
67	Substance abuse prevention and treatment are essential to all aspects of an individual's health, both mental and physical. Therefore these services should be covered by Medicaid.	Sep 22, 2011 6:23 AM
68	i work in a residential substance abuse treatment facility. this service is not covered by people with medicaid. it needs to be.	Sep 22, 2011 5:27 AM
69	please consider including substance abuse treatment as an integral part of behavioral health care. Also it is important that those who treat substance abuse MLADCs play an important role in treatment of substance abuse co-occurring disorders. My experience as a LICSW and as an MLADC is that each profession needs to learn a lot more about the delivery of services to a co-occurring disordered population	Sep 21, 2011 5:02 PM
70	The question about whether the new program will improve upon the old does not make sense to me since I do not know what the new program will include.	Sep 21, 2011 2:46 PM
71	Do not fund mental health and not substance abuse, we need to treat the whole person not sections.	Sep 21, 2011 2:30 PM
72	Medicaid care and services, to patients and providers, should be no different than regular health insurance is for patients and providers - quality care, patient centered care, access to services, choice in providers and services, integrated services, and providers get adequate reimbursement. Have incentives for health and wellness, like regular insurance companies do. Tackle obesity issues. It is an epidemic in this state - among kids and adults! Also the condition of people's teeth in this state are horrible - dental health and check ups are part of one's overall healthcare. Thank you for the opportunity to take part in this survey.	Sep 21, 2011 1:48 PM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

73	In our experience as a provider, Medicaid patients are not the most compliant patients and many of them lack the ability to even understand what would be offered to them, these patients are Medicaid eligible due to the problems they have and the problems they have will make this a challenge and who is going to really be able to assist the patient, it certainly is not a care manager in an office in Texas, it will fall back onto the front line providers and agencies that are already underfunded...	Sep 21, 2011 1:46 PM
74	Integrate mental, emotional, and behavioral health into the medical model - promote/reward self-help for overall healthier lifestyles (ie. incorporate 90 minutes of activity into each school day to reduce % of students who are obese). Parental education around prevention of alcohol/substance use/abuse, nutrition, etc mandated in workplace policies and employment orientations (an overlooked forum to reach ages 18-50 population and get measurable data), not just in schools reaching 12-18 year olds.	Sep 21, 2011 1:45 PM
75	I would like to stress the importance of access to care - and the higher cost of care delivery in rural areas. I do not feel that the 60 mile/60 minute rule addresses access in a rural environment and with a low income population. In behavioral health and developmental services we have spent many years developing a community-based service system which is now in danger of being dismantled.	Sep 21, 2011 1:44 PM
76	I believe we need to remove the stigma and public opinion that people who rely on medicaid care are not entitled to receive the same health care of people who are insured through private sectors. Medicaid care should cover mental health and substance abuse programs. So many people are suffering and getting lost in the system due to inadequate services of mental health and substance abuse treatment. Unfortunately in NH, the level of care you receive is based on your ability to pay...	Sep 21, 2011 1:41 PM
77	Integrating substance abuse and mental health services with primary care is important to gain efficiency	Sep 21, 2011 1:21 PM
78	I appreciate having the opportunity to give my opinion and I liked the public forum that I attended in Keene last week. Good luck with this, I hope it goes well for the NH folks who rely on Medicaid. I am uninsured so I definately think that Medicaid people have a wonderful opportunity for care.	Sep 21, 2011 1:09 PM
79	I think the coordination of consumers should be separate from those who provide services. To help keep advocacy pure. It is not drastic, but it certainly makes sense to those who need the advocacy.	Sep 21, 2011 11:27 AM
80	Each county & town have different resources. This fact needs consideration when doing the initial MED or requiring that a CFI client have a certain service in place of another.	Sep 21, 2011 5:28 AM
81	A "Generics Only" approved formulary list would be a terrible way to reduce short term costs. It would lead to higher overall costs.	Sep 21, 2011 4:44 AM
82	Make the consumers more accountable, for example, they should go to their PCP instead of the ER unless it is a TRUE emergency. There is so much fraud and waste in the present system. I could go on and on about this...	Sep 20, 2011 2:11 PM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

83	1. The people working in the State Medicaid System are very over worked and buried in paper. 2. People on Medicaid who are capable of eventually entering the work force - get caught up in the medicaid system and never get off it- there needs to be a plan of action and resources for these people to move on and become independent of the system. 3. At the same time the people who are not capable of entering the work force and really need the benefits are not always getting what they need.	Sep 20, 2011 1:36 PM
84	I would like to see Medicaid recipients experience the program as similar in requirements and responsibility to private insurance, within what is affordable. I am not opposed to copays, but they need to be reasonable (e.g. a \$40 copay for mental health services weekly is NOT reasonable or even possible for this population).	Sep 20, 2011 11:40 AM
85	In home services reduce incidence of child abuse and allow workers to help the whole family in a way that can carry over to improvement of every day life.	Sep 20, 2011 11:13 AM
86	I believe that if the lawmakers want changes to the system, it should be changes that they would personally want to live with in their own health care insurance	Sep 20, 2011 10:23 AM
87	I feel that is important for the public/families to be forewarned of the upcoming changes to the Medicaid system prior to changes taking place. I also feel it is important that we don't rely on the Internet as the main means of communicating information regarding Medicaid.	Sep 20, 2011 9:50 AM
88	Consumers with private insurance didn't like managed care and many of the restrictions have been dropped, but for the increasing number of people in poverty, and for people who are disadvantaged, they will have to suffer the indignity of managed care. It is very sad that we cannot provide equal care for all citizens of our state and our country, at least at some basic level. We are the only country in the developed world who can't figure this one out. What diminishes the least among us, diminishes all of us.	Sep 20, 2011 9:16 AM
89	There must be no provisions that allow a waiting list for necessary services.	Sep 20, 2011 9:03 AM
90	I went to the forum and am totally confused. The presentation was such that the people and participates at the forum were going to state what was important to them so the program can be changed. Everyone there commented that this program is about the people deciding. I read a letter dated 10-1-2011 from Kathleen Dunn that outlined the changes and implementation of the program. Why are forums being done, money spent on presentation and consultants to revamp the program if (according to this letter) it has all be done.....just more money wasted. Our government should look at cutting costs in their own system to cut budgets and not hit the people that need it the most. Maybe if the goverment would stop wasting money we would not need to cut programs them help those that need it the most.	Sep 20, 2011 8:30 AM
91	It is becoming more difficult to find doctors who will accept medicaid due to low reimbursement and processing timelines. Everyone deserves quality care.	Sep 20, 2011 8:14 AM
92	A managed care system will be more difficult for me to work with, for sure, but there is a lot of waste for those lucky enough to qualify. I would like to see the programs more streamlined and then more people could qualify for help with	Sep 20, 2011 6:37 AM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

health insurance such as families with young children and pregnant women. Purchasing private health insurance for a young married woman who wants to have a baby is very costly >\$900 month. In the future, the cost of private insurance is going to qualify many people for Medicaid. What is more important accompanying an elder to the supermarket for several hours each week so they can select their groceries or basic maternity care for a young pregnant woman?

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| 93 | I am also concerned that there are times when a prescription for a child has been issued by the pediatrician and Medicaid doesn't cover it. The families we work with can't afford to pay for a prescription out of pocket so the baby doesn't get the medicine he/she needs. | Sep 20, 2011 4:46 AM |
| 94 | All adults (parents and young people to age 25) should receive Medicaid. There should be a spend down amount, but this amount should start out low and increase over time. This should help keep people healthy and encourage the individual to find other medical insurance through full time employment, etc. as their spend down increases. | Sep 19, 2011 7:26 PM |
| 95 | "How important do you believe that taking personal responsibility is for people to improve the quality of their lives and health through the State's Medicaid program?" I am not sure I fully appreciate this question and what you hope to better understand. It is important for everyone to take personal responsibility for their life, but the way this question is worded is misleading and feels agenda-laden. I would appreciate the question be further explained or clarified. Thank you for the opportunity to share my perspective. | Sep 19, 2011 2:11 PM |
| 96 | Quite a few people with disabilities are not able to take personal responsibility and have service coordinators, program managers and guardians have responsibility to help individuals in these circumstances. | Sep 19, 2011 2:04 PM |
| 97 | Often times the percentage of people on medicaid that have substance abuse problems is very high. Something has to be done, to empower those with these issues to get help, physically, mentally through the availability of substance abuse prevention programs. | Sep 19, 2011 1:44 PM |
| 98 | There are parts of the NH service system - like disability services - that are regarded as some of the best in the nation and cost effective. The NH DD system is ranked # 4 among states in UCP's A Case for Inclusion survey. It is 32nd lowest in fiscal effort according to State of the States in Developmental Disabilities. Seriously, is managed care going to improve on this? Or cause a decline? | Sep 19, 2011 1:26 PM |
| 99 | Cookie-cutter and one-size fits all approaches may save money, but they will not make support programs effective. Streamline eligibility standards and processes; reduce waste and fraud; focus on the individual's physical and mental health needs; provide adequate reimbursements for quality care. This survey assumes a managed care structure is inevitable; what other options are available and/or have been considered? Managed care may have produced short term financial gains, but what about improvements to clients' health and providers' quality of services? | Sep 19, 2011 11:11 AM |
| 100 | Would like urine tests done on receiptants to keep the system available for people that are in need, not abusing. | Sep 19, 2011 11:09 AM |

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

101	pts should be responsible and if they are not should not be rewarded for their behavior ie overuse of the ed, or acute care, not keeping appts, testing ect	Sep 19, 2011 10:40 AM
102	The process for input has been a transparent but less than helpful way to information to families. While I can appreciate the vast task that is being undertaken and the impossible timeline that the Legislature has given, I wish that there had been more push back to the Legislature. I also think that there has been no way for families to ask even the most basic of questions. We are all relying on the Area Agencies to give us information and they are doing the best but unfortunately, there are not a lot of answers at this time and this is both concerning as a parent and frustrating as someone who works with families as well.	Sep 19, 2011 10:27 AM
103	No	Sep 19, 2011 10:18 AM
104	I think any managed care case managers in the potential new system need to have face to face contact with recipients. on a somewhat regular basis, not just be a voice on a phone.	Sep 19, 2011 9:19 AM
105	Adults with developmental disabilities benefit greatly from normalized living situations. Current waived services provide a means by which these individuals can receive the treatment, respect, and dignity they deserve as human beings. I am extremely concerned that this population will fall through the cracks in a managed care model. Individuals who can not speak up for themselves are some of our most vulnerable citizens. Our society will be judged by how we care for those who are less fortunate and I am very worried that a managed care model will not be able to provide care for these individuals with respect and dignity.	Sep 19, 2011 9:16 AM
106	Your #9 question is not clear. I think patients need to take personal responsibility for their health care with or without Medicaid. I don't think Medicaid or any insurance for that matter can take responsibility for an individual's health care. If through the managed system patients are required to have a PCP for coordination of all their care. I would like to see that it is easily changed by the Medicaid recipient in the event that they are not happy with their PCP-that they could just call a toll free number and have it changed.	Sep 19, 2011 7:36 AM
107	A move to a more privatized and less regulated system would create efficiencies and cost-savings. We've tried Managed Care in the past with Medicaid Medical services with an HMO and it did not work. A privatization of Area Agency services should be considered and those agencies could continue on the advocacy front, but where they typically also provide services to individuals, we have the fox guarding the henhouse, so to speak. There is not truly a competitive bidding process and therefore, we are not seeing the cost-savings and service quality that we might otherwise see.	Sep 19, 2011 7:34 AM
108	Make the reimbursements to the practices faster....	Sep 19, 2011 7:29 AM
109	The bureaucracy surrounding delivery of services is already too big and complicated. A lot of consumers miss out because they can not deal with it. Adding another structure could "help" or "hinder" this process. My hope is that it simplifies the process for all, consumers as well as providers. This way care givers can focus their time and energy providing real care and not doing	Sep 19, 2011 7:26 AM

Page 8, Q34. Is there anything else you wish we had asked or that you would like to tell us?

paperwork.

110	You will need very strong oversight and a good appeals process. i have not seen a corporation yet who place the customer first! i have been doing this work for 30 years.	Sep 19, 2011 7:13 AM
111	Healthcare coverage (insurance) should never be a for-profit business, since this is clearly a conflict of interest. Insurance does not reward healthy people, but reluctantly shells out reimbursement for those who are ill. We need a system that rewards people, (and expects people to take charge of their own health/fitness), and one that fully covers people who are ill or injured. It is very unlikely to make money if this system is provided fully, but everyone will be covered as necessary. Special needs children and adults need a huge spectrum of care which can and should be provided for.	Sep 17, 2011 8:02 AM
112	Perhaps managed care can be affected in other ways such as funding of education for doctors and nurse practitioners for obligations of service after graduation.	Sep 16, 2011 12:11 PM

Family and Caregiver responses end.

Page 9, Q35. How would you describe yourself?

1	employee of current Pharmacy Benefit Management company for NH Medicaid Pharmacy Program	Oct 3, 2011 9:03 PM
2	board member for provider	Oct 3, 2011 10:22 AM
3	I am a nurse, I teach nursing	Oct 3, 2011 8:15 AM
4	I volunteer with frail seniors who live alone or with family members.	Sep 30, 2011 1:42 PM
5	My son will most likely be using medicaid in the future	Sep 28, 2011 11:48 AM
6	Work for one of the Public Health Networks	Sep 26, 2011 7:26 AM
7	Someone who works at a mental health facility as an administrative assistant	Sep 24, 2011 8:20 AM
8	Someone who is in church leadership	Sep 23, 2011 12:54 PM
9	School Nurse	Sep 23, 2011 6:17 AM
10	I had a mother who was mentally il and a father who utilized Medicaid at the end of his life. I'm concerned about the fairness tthese people have adequate and sustainable access to cRe.	Sep 23, 2011 4:18 AM
11	retired physician with Medicaid experience	Sep 22, 2011 3:38 PM
12	LADC, LCS	Sep 22, 2011 5:53 AM
13	Clergy	Sep 21, 2011 6:00 PM
14	Leader within a mainline denomination	Sep 21, 2011 3:24 PM
15	Direct Support Provider	Sep 21, 2011 2:00 PM
16	Executive Director, New Hampshire Council of Churches	Sep 21, 2011 1:39 PM
17	Preventionalist	Sep 21, 2011 1:10 PM
18	A caregiver and a Town employee interested.	Sep 19, 2011 6:34 AM
19	Elder advocate	Sep 17, 2011 10:31 AM

**Indirect Stakeholder open ended survey responses pages
127--148**

Page 9, Q36. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider ...

1	Making sure that the care provided was patient-centered, culturally and linguistically appropriate. Providing communication access services (interpreters and translations) must be part of the cost structure.	Oct 5, 2011 8:55 AM
2	Managed care is a huge change and required enrollment in Phase I will be time-consuming and confusing to the many NH serves. The RFP for Phase I and vendor selected must provide a detailed, NH friendly enrollment and education plan that is included as a one time, up front cost for doing business with the state of NH. Providers, facilities and agencies must receive timely enrollment and disenrollment information. A pool of money is available through the vendor to pay for services that are given by providers in good faith to individuals later found to be disenrolled. A pool of money is available to pay for emergency services when the managed care vendor is not available for pre-authorization. The division of responsibilities among state health and human services agencies providing services to the Medicaid-eligible population is well defined through inter-agency memoranda of agreements or legislative provisos. Such agreements need to delineate access procedures for mandated services outside the scope of the plan. The purchasing authority provides timely access to mandated health and human services and other necessary support services. An appeal mechanism is available when access is not timely. The managed care vendor demonstrates efforts to streamline providers' administrative burden and paperwork. The managed care vendor supports the providers' efforts to maintain continuity of care when there is a change in the contract or patient eligibility. The managed care vendor provides a mechanism for dealing with members whose behavior is disruptive to the treatment process (e.g. threatening or abusive behavior, demands for medically unnecessary services, and failure to keep appointments and/or total refusal to participate in treatment planning or services). This must include specialized support programs to address the needs of such members and their families. Require the bidders, in the RFP response, to develop a detailed transition plan that is transparent to the public.	Oct 4, 2011 2:05 PM
3	For people who are not on medicade, but will be in the future, where do they get information about the program ?	Oct 2, 2011 7:47 AM
4	I could only choose 3 features, but including substance abuse counseling as a covered service is important as well	Sep 30, 2011 5:48 PM
5	Making sure disabled children get the services they need especially ABA therapy for children with ASD	Sep 26, 2011 4:03 PM
6	As far as choice, I would like providers who have proven quality outcomes	Sep 26, 2011 7:26 AM
7	monitor the program watch out for abusers....it needs to be there for people who trully need it but unfortunately human nature has its faults not all will be honest	Sep 25, 2011 5:30 PM
8	All residential US born citizens should not be denied	Sep 24, 2011 8:20 AM
9	The Medicaid Program must pay the Providers of care reasonable cost rendering the services.	Sep 23, 2011 2:38 PM

Page 9, Q36. The State of New Hampshire is designing a new Medicaid program featuring a Managed Care model. This means that there will be some changes in how the program operates.

These include having a private insurance company administer the program for the State and having a local health care provider ...

10	Primary, preventive and integrated care including behavioral, oral health, and substance abuse treatment and prevention should serve as the foundation. It is critical, however, to ensure fair, and sustainable reimbursement for services to providers of care to keep providers in NH and to make sure that access is available to all.	Sep 23, 2011 11:36 AM
11	My big concern is the private insurance company is not going to be looking out for the poor people it is only going to be concerned with profit for their company. Before this happens it someone needs to make sure people are the main concern not big insurance companies!	Sep 23, 2011 4:55 AM
12	Taking the Profit out of Private	Sep 23, 2011 4:46 AM
13	there should be more competition and not just one medical provider.	Sep 23, 2011 4:18 AM
14	It is paramount for the program to recognize the obstacles that many recipients face in learning how to access the program. When dealing with explanations to individuals, do not assume the person understands it if the individual has no questions. Ask the person to explain what has just been said to them...very effective in dealing with misunderstanding and individuals who sare afraid to ask questions. Also please consider the difficulties with transportation that many of these families have.	Sep 22, 2011 3:38 PM
15	My answer above, "Making sure it pays for needed services," encompasses not only substance abuse and mental health, but also women's reproductive health including abortion services. All are "needed services."	Sep 20, 2011 1:19 PM
16	I also feel strongly that people with disabilities should have the opportunity to remain in, and be a part of, the community using natural supports. I would prefer the pursuit of additional/strengthened revenue streams if cost is a factor in limiting these vital services.	Sep 20, 2011 8:32 AM
17	Be careful - your survey option, "Including mental health counseling as a covered service," is misleading and therefore risks providing stakeholders (and you) with false information when you present the results. By asking the question, you are implying that there may not be mental health coverage when, in fact, it will be provided through a separate initiative.	Sep 19, 2011 11:00 AM
18	I know nothing about this, but Hope it is including home health care.	Sep 19, 2011 6:34 AM
19	There is no option to assue that the services are based on science and evaluation and that the quality is high. This means that outcomes should be measured by a very comprehensive system; the results of which should be transparent.	Sep 16, 2011 1:02 PM

Page 9, Q37. What are your top 3 recommendations to increase the number of people in the Medicaid program experiencing a high quality of life and health?

1	I don't understand how Medicaid involves "literacy standards", "centralized" data base, "reduce barriers". Difficult question to respond to/poor choices to pick from.	Oct 5, 2011 9:39 AM
2	Above three can't be realized without adequate funding to cover the cost of care delivery and administration. Must ensure that communication access services is built into the administration of the program. Takes a Director to organize, coordinate, and realize cost effective strategies.	Oct 5, 2011 8:55 AM
3	The Medical/Health Home Model is an excellent idea to improve care for families and streamline expertise for those with DD/ABD and seniors. That being said, in New Hampshire, there is not significant geriatric or DD/ABD expertise so these are skill sets that would need to be enhanced through training and/or mandate. In the Nashua region for example, we have learned that approximately 70 clients served by Gateways/PLUS are receiving care through a single medical provider. To create a Medical/Health Home with this medical provider for these "like" clients and position a specialized team to support both their medical and long term care needs would be beneficial to quality outcomes and ease the management of their care. To enact this concept, a lot of groundwork needs to be done with the medical community and any Phase I RFP should require bidders to outline how they will engage the medical community in this concept, as well as how the bidder will creatively compensate partners. In addition, Phase I should identify how it will conduct care plan development and especially relative to a Medical/Health Home. Care plan development represents the core of treatment delivery. The state Medicaid program establishes principles and guidelines for treatment plan development that considers interagency responsibilities, coordination, and integration of services and documentation requirements. The plan of care includes the integration of all services and agencies with responsibilities for providing services to the client and family (e.g., Area Agencies, schools, social services, and primary care medical professionals).	Oct 4, 2011 2:05 PM
4	Complete planned parenthood services, including abortions.	Sep 23, 2011 2:40 PM
5	Excerllent health care coordinatin across health care services	Sep 21, 2011 1:28 PM
6	Re your fourth survey option, see my comment in the narrative box in item #3...	Sep 19, 2011 11:00 AM
7	Independent casemanagement, from the payer, medicaid manager and provider service administration is very important.	Sep 17, 2011 10:31 AM

Page 9, Q38. What do you believe is needed in a new Medicaid Care Management program to encourage health care and service providers to want to participate?

Please choose 3.

1	Providers can't provide quality, patient-centered, equitable care if unable to communicate effectively to their patients or patients guardians. The new medicaid program must adequately cover the cost for systems to provide interpreters.	Oct 5, 2011 8:55 AM
2	Access to tertiary hospitals from adjoining states for medical expertise. The Phase I RFP should mandate contacts with Boston catchment area hospitals, with strong teaching hospital excellence, as well as contacts to Maine and Vermont hospitals. New Hampshire residents in the southern tier of the state rely on neighboring Boston for quality care and resident in the northern tier of the state often maintain care relationships with Vermont and Maine based on nearby hospitals and physicians. It is terribly important that regional clinical expertise be required in an RFP to provide direction and consultation, as well as specialized training, to direct care staff, home providers, and case managers regarding individuals with medical, psychiatric, and behavioral needs.	Oct 4, 2011 2:05 PM
3	Although my parents were not on medicaid, I watched the medical system change over the many years I cared for them, and had repeated experiences with physicians who expressed extreme frustration with the hand of the insurance companies in medical system across the board. Their primary complaint was their lack of ability to actually care for the patient anymore, way too much paper work, all of which took time away from the patient. This extended to nurses on the wards, backs turned away from patients needing them, filling out paperwork.	Sep 30, 2011 1:23 PM
4	Family members/partners should have the right to speak frankly to clinicians about the patient and be allowed to advise the clinician when patient is having a crisis and/or needs in patient care	Sep 24, 2011 8:20 AM
5	Re your seventh survey option, see my comment in the narrative box of item #3...	Sep 19, 2011 11:00 AM

Page 9, Q39. What should be avoided in designing a new Medicaid Care Management program that would cause health care and other service providers to not want to participate?

Please choose 3.

1	Don't know. Not a provider.	Oct 5, 2011 9:39 AM
2	The Medicaid managed care RFP should demand that provider reimbursement be less than Medicaid fee for service levels. The Medicaid managed care provider must be able to reduce fee for service utilization by a large enough margin to cover administration and profit targets. The Area Agency system operates at 8.4% GM, so the state should set the vendor entry level for Phase II support of the specialized population to be better than 8.4%. The key to managed care is diversion to less costly programs. For Phase II, long term care for DD/ABD and seniors, the state should consider following the same model as Vermont, and have the state of NH act as the managed care organization, since the quality and care system currently in place is effective with plans to drive future costs down a projected average of 25%, representing \$12,298 per client, for those enrolled in Consumer Directed Services (CDS). Right now, 10 Area Agencies manage the care of 3,655 adults receiving DD/ABD services in NH with an 8.4% GM from state-approved rates that are predictable and manageable. Intense scrutiny is given to eligibility for services by the agencies and the practice to transfer clients into to CDS will achieve even greater savings.	Oct 4, 2011 2:05 PM
3	Item two in question 6 is unclear.	Sep 30, 2011 1:23 PM
4	elthbCarecprovides are overwhelmed by the profit centered dictate of most Managed Care models. It's difficult to listen effectively,develop a relationship with a patient and steer an effective plan of care. We need to give them adequate time, incentive for good outcomes and proper reimbursements. Managed Care should include an educational component to reduce the many lifestyle illness's.	Sep 23, 2011 4:18 AM
5	More obtrusive legislation	Sep 21, 2011 1:27 PM
6	A cookie-cutter approach which ignores NH values, resources and prior experience. Deleting parts of the current system which work well, e.g. ServiceLink	Sep 17, 2011 10:31 AM

Page 9, Q40. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

1	A person should not have to be destitute before being allowed Medicaid benefits. Better information, more information should be provided to the patient and to family/caregivers in advance of a person's need for access.	Oct 5, 2011 4:17 PM
2	People do not understand and are not informed about the scope of services and how to access them with ease.	Oct 5, 2011 11:04 AM
3	Billing, coordination of benefits, eligibility are several areas that are usually problematic. Don't know how the new model will address/alter these.	Oct 5, 2011 9:39 AM
4	find a way to eliminate fraud...there is too much of it in the state, and people know how to "play the system" to get around these barriers. There are a lot of young people who choose to not work and have more babies so they will just get another check. I have seen with my own eyes folks shopping with their ebt cards, buying food for their family and friends, and having their family and friends buy them beer or cigarettes, or even trading cash for food stamps. Its insane, then there are folks that need help, and cannot get it because they actually work part time trying to make things work on their own, they just need a little help, and the state says no, you make too much money! Ridiculous!	Oct 5, 2011 9:17 AM
5	The over use of ER to obtain care.	Oct 5, 2011 8:49 AM
6	Automated refills/deliveries are extremely wasteful and costly. Overages at the consumer end are overwhelming. Shortened "certification periods" for in home and Private duty nurses increase admin cost to Medicaid without appropriately managing in home nursing care. Also decreases in Private Duty nursing hours are increasing costs to other parts of Medicaid from more doctor and ER visits.	Oct 5, 2011 8:26 AM
7	Service patterns for people with DD/ABD afford less opportunity for savings than people with episodic patterns of care; such as people with mental illness or acute medical needs. People with DD/ABD, and seniors, have long term support needs that are focused on daily, consistent habilitation. NH needs to take the time, and do the in-depth analysis, to determine service patterns and associated costs before implementing a care management solution for this specialized population. It will take time to develop a "gold standard of care" that does more than roll up actuarial-based Medicaid data for spending patterns for day programs, residential models, or consumer directed approaches. To provide long term care on a capitated basis through a managed care organization will require thoughtful analysis of client profiles and care protocols with associated costs. It has taken on average three years to establish standard, medical-based managed care in other states in New England. Medical care, through traditional providers like hospitals, physicians, and visiting nurses for example, have established patterns or protocols for care and related costs. If diagnosed with breast cancer, an oncologist has a pre-determined protocol for care with an established cost for care, with designated providers, with a rough timeline for an outcome and conclusion. With long term care for DD/ABD, the pattern of care is most specialized by client and even with the start-up Support Intensity Scale (SIS -- a national standardized assessment tool that identifies the level of supports individuals with intellectual disabilities need to live in the community) being implemented by NH's Bureau for Developmental Services there is no standardized pattern for care, cost, and timeline-outcome based on diagnoses/support need; as of yet. At this point, the state has witnessed cost	Oct 4, 2011 2:05 PM

Page 9, Q40. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	savings not through patterning, or packaging care models for people with DD/ABD, but rather through utilizing Consumer Directed Services (CDS) where a family is allocated an individualized budget approved by BDS management with Medicaid only being billed through a Prior Authorization administered in a managed-care-like system known as an Area Agency. CDS arrangements are proving to be very cost-effective since families are most conservative/frugal in utilization of funds. Phase I of the RFP should not outline/include any data or caps for long term care for DD/ABD as much work needs to be done to better define protocols for care and associated costs.	
8	NA	Oct 4, 2011 12:23 PM
9	I do not have Medicare coverage.	Oct 4, 2011 9:06 AM
10	I am limited in knowledge, but lack of communication with clients/providers and associated services..	Oct 3, 2011 1:12 PM
11	Yes, cost reimbursement and not rewarding providers that reduce costs below the cap.	Oct 3, 2011 10:22 AM
12	Unsure.	Oct 3, 2011 8:37 AM
13	I found the way it's currently being done in Massachusetts far superior to NH. I was told by one of the major hospital CEO's in Boston that they no longer accept NH Medicaid patients due to the difficulties of working with the state of NH. This is not right. Health services should be reimbursed in a timely fashion (they are NOT at this time) in order for the providers to keep costs down and services up.	Oct 2, 2011 7:41 AM
14	I have never been a recipient of Medicaid services, but I have heard anecdotal stories of arbitrary denials for needed services	Sep 30, 2011 5:48 PM
15	There are seniors and their families with whom I work and volunteer who are at the end of their ropes caring for themselves and their loved ones while working full time (family members). If they could receive some type of compensation that would allow them to provide care and work part time, it would save the State money in the long run in keeping these dependent Medicaid clients out of nursing homes while allowing their caregivers to provide quality work while on the job and at home with their dependent loved one(s).	Sep 30, 2011 1:42 PM
16	There could certainly be much better coordination of treatment especially for those with chronic health issues and those who receive long term care services	Sep 30, 2011 10:55 AM
17	?	Sep 29, 2011 5:10 AM
18	medicaid in and out program	Sep 27, 2011 8:19 AM
19	The child-serving systems are not well organized and do not coordinate care effectively for multi-agency involved youth and families - especially those with emotional/behavioral health problems. Braided or blending funding in collaboration with DOE and local SAUs and private insurers could be more efficient and provide better outcomes. Costs could also be reduced by creating a richer array of community-based services and reducing residential and in-	Sep 26, 2011 1:48 PM

Page 9, Q40. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

	patient treatment.	
20	The system as it is currently setup is obstructionist, confusing & untimely. Quite often the system is tilted to deny care w/o a long protracted fight. A patient centric easy to navigate system that is timely is desperately needed. Treating elder patient professionally & kindly would be another bonus. Right now system = elder abuse in many cases as a fair characterization of the system in place.	Sep 26, 2011 12:01 PM
21	Requiring pt to call their PCP and accepting an available appointment rather than choosing to go to the ER for convenience.	Sep 26, 2011 7:26 AM
22	The eligibility verification system is antiquated and inefficient. The process needs to be more user-friendly and automated.	Sep 26, 2011 6:18 AM
23	I think what should be at the top of the list about the new Medicaid program is any excessive fees/charges by any vendor, doctor, hospital, etc. to the state for any service or product like \$5.00 for one pill or \$10.00 for a tooth brush.	Sep 24, 2011 11:55 AM
24	n/a	Sep 24, 2011 8:20 AM
25	Excessive utilization by uninformed participants. Barriers to care too low (copays) driving unnecessary utilization. Require primary care providers and managed Rx benefit to reduce abuse.	Sep 24, 2011 7:39 AM
26	the requirement for an applicant to provide years and years of old bank statements to prove he/she hasn't hidden assets. This is extraordinarily burdensome and creates mounds of paperwork.	Sep 23, 2011 2:53 PM
27	Personal responsibility for Medicaid recipients! Why pay millions of dollars in Medicaid services when the Medicaid recipient smokes: is morbidly obese and has diabetes: has 4 or more children....hand the pharmacist a Medicaid card and then go buy cigarettes and soda. It just does not make sense.	Sep 23, 2011 2:40 PM
28	The Federal Government mandates the minimum amount of services that must be included in state plans. However, the Government does not mandate what the Program must pay for these services. Currently the NH-PPS Hospitals are reimbursed less than 50% of COSTS to treat a Medicaid patient--Low reimbursement must END. Otherwise, how are the goals of access, communication, quality service etc. going to be met?	Sep 23, 2011 2:38 PM
29	abuse of emergency room services (not real emergencies)...Medicaid clients have NO limits on how often they can see a doctor, promotes abuse of services and lack of responsibility for their own care. All forms of birth control, abortion and sterilization MUST be covered services.	Sep 23, 2011 12:20 PM
30	The cuts in the budget have put tremendous pressure on an already understaffed and under-resourced department. If there are inefficiencies, they could be attributed in part to the department not having sufficient staff or resources to get their work done.	Sep 23, 2011 11:36 AM
31	Directing Medicaid patients to FQHCs would reduce the burden on hospitals and provide more cost efficient, quality care. This also lowers the costs of insurers.	Sep 23, 2011 9:58 AM

Page 9, Q40. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

32	N/A	Sep 23, 2011 6:17 AM
33	Should cover prevention services	Sep 23, 2011 5:36 AM
34	I think patient health should always come first, not money in some insurance company pocket.	Sep 23, 2011 4:55 AM
35	My father received pretty good care while he was at home. His time in rehab was brought with threats that he could no longer stay at the facility where he'd been placed and the bottom line was that didn't get the same reimbursement. I had to get an IM budsmen to intercede on our behalf and reiterate the law to me and to the,....no one can lose a bed because of a medical stay or how their care was paid.	Sep 23, 2011 4:18 AM
36	It seems to me that the greatest area of inefficiency can be found in the stack of papers people have to have copied and distributed to document and be reimbursed for their care. We should work to streamline that process.	Sep 22, 2011 12:41 PM
37	N/A	Sep 22, 2011 6:09 AM
38	N/A	Sep 22, 2011 4:49 AM
39	Not familiar with specifics	Sep 22, 2011 4:09 AM
40	fraud and abuse of the system	Sep 21, 2011 6:35 PM
41	Confusion about what is covered and where to get help when needed.	Sep 21, 2011 6:00 PM
42	have no personal experience with the current program	Sep 21, 2011 4:34 PM
43	Not that involved right yet, but will follow as it becomes developed.	Sep 21, 2011 2:56 PM
44	It is not as blended as it could be and also it is drastically underfunded. Please keep in mind that the more help we can give residents of NH in terms of mental health and substance abuse issues, the less likely we are to be incarcerating them.	Sep 21, 2011 2:50 PM
45	never used the system	Sep 21, 2011 1:30 PM
46	No.	Sep 21, 2011 4:00 AM
47	Yes, the lengthy process of determining whether you qualify for some services. It wastes the applicants time as well as the employees time.	Sep 20, 2011 10:51 AM
48	The artificial separation of spheres of care for individuals' physical health, mental health, and addiction issues leads to a cycle of delayed treatment for health concerns.	Sep 20, 2011 8:32 AM
49	.	Sep 19, 2011 11:00 AM
50	better education among billing staff to decrease rejected payments	Sep 19, 2011 6:44 AM
51	I know nothing about this program YET.	Sep 19, 2011 6:34 AM

Page 9, Q40. From your personal experience, are there areas of inefficiency in the current Medicaid program that could be eliminated in the new one?

52	Heavy reliance on institutional care in lieu of home and community based alternatives. Community supports must be enhanced so greater consumer choice exists.	Sep 17, 2011 10:31 AM
53	Medicaid reimbursement for hospital acquired infections, "never events" (amputating the wrong limb) preventable hospital readmissions, and overuse of emergency departments should be limited or eliminated.	Sep 16, 2011 11:57 AM

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

- | | | |
|---|---|---------------------|
| 1 | I would feel better about the new business model if there were more information available. Base on what is available on this web site, namely the Stakeholder slide presentations, their poor quality and content; I can only keep my fingers crossed. (The elephant was cute but what were those folks in the boat doing?) | Oct 5, 2011 9:39 AM |
| 2 | As a recipient of Federal funds and therefore being obligated under Title VI of the Civil Rights Act of 1964, and as required by the ADA, a medicaid managed care program needs to provide interpreters and systems for the provision of interpreters for effective communication in medical encounters. It is an integral element to providing quality care as well. When it comes to figuring out the best way for this new program to ensure that patients and providers can communicate via communication access services (interpreters, translations, etc.) I am happy to meet with the program designers to provide technical assistance. I can share insights on how other state's medicaid managed care programs do this. I am happy to help convene a small group of providers here in NH for whom this matters a great deal (Child health svcs, Manchester and Nashua Community Health Center, etc.). Sincerely, Rebecca Sky Cultural Effectiveness and Quality Healthcare Project Manager Foundation for Healthy Communities 603-415-4277 rsky@healthynh.com | Oct 5, 2011 8:55 AM |
| 3 | The amount of administration that goes into chronically ill children's programs is wasteful, time consuming and ineffective. There needs to be a "medical home model" for these children. These children also need to access appropriate care regardless of whether it is in state or out of state. If we decreased the amount of "work" the parents had to do to access the benefits available, more of them would be able to gain employment which would decrease the need for medicaid benefits. Other services also need to be aligned with what Medicaid covers (SMS, Area Agencies, etc). Adding appropriate respite hours to HCCSD kids may also save some nursing costs. | Oct 5, 2011 8:26 AM |
| 4 | In Phase I, the RFP should require that the managed care vendor have an advisory board that includes public representatives, private purchasers, consumers, and state personnel. Such an advisory board can help advise and guide the managed care organization in its interactions with state/local service agencies as well as consumers. The managed care vendor provides its articles of governance for review during the selection process. These articles must demonstrate the process of decision-making in the organization, lines of authority and responsibility, and how the organization's quality improvement plans influence the operation. The managed care vendor demonstrates that it respects the family's rights. It recognizes the autonomy and reasonable authority of the family in deciding on appropriate treatment and services. Furthermore, the vendor demonstrates that the privacy of the family is protected within the requirements and limits of state and federal law. The family has ample opportunity to appeal denial of services, and the vendor provides data on the number of appeals filed and their outcomes. The appeals procedure and mechanism should be readily provided to families upon enrollment and offered upon any adverse decision or upon request. The managed care vendor identifies a point or points of contact to facilitate the request. All appeals, when exhausted, go into a clearly defined Grievance process. - Demand that bidders, in response to RFP, clarify the "gatekeeping" role and ensure that the public has access to this information. Require bidders to clearly define members rights and responsibilities. NH's current DD/ABD support system allows for local management, control, and elevation through the Area Agencies, Bureau of | Oct 4, 2011 2:05 PM |

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

Developmental Services, and ultimately through the civic/political process (a taxpayer's representative) which is the "NH way." A quality, NH-based managed care model will need to allow for a locally based grievance and appeals process that includes people from NH, vendors, a compliance committee, and other key players. Mandatory binding arbitration would also be a key component for the grievance process. Phase I of the RFP should establish a user-friendly arbitration process that is locally driven and not vendor-centric. Phase I Should Outline Plan for Health Information System/IT Support - Collecting and reporting of key data is critical to monitoring and evaluating quality and outcome performance. The state Medicaid program establishes minimum reporting requirements. Reporting requirements should include administrative and clinical measures. The managed care vendor's MIS should have design flexibility to accommodate database linkages and the reporting requirements associated with Medicaid populations. The vendor demonstrates the capacity to determine clinical outcomes, costs, and quality indicators from its management information system (MIS). The MIS should be based on the system's clinical database, which derives its information from defined fields in the clinical record format. A single, unified clinical record should include an individualized treatment plan that actively reflects continuous coordination across all agencies and providers delivering services. This means that the clinical record follows the patient throughout the service system and is not segmented by provider or episodes of care. Policies for different frequencies and intensities of documentation at different levels of care should be developed within this unified clinical record. The individual unified clinical record should include the use of quantitative and qualitative assessment measures, standardized measures of clinical and functional outcome, and measures of the effectiveness of implementation of therapeutic interventions, as well as compliance with them by clients and families. The managed care vendor will demonstrate efforts to: (1) streamline paperwork, (2) increase focused data collection, and (3) conduct clinical, administrative and financial analyses. Phase I of the RFP should place significant scoring emphasis on quality standards and customer service action plans. Provider network should also be considered a major scoring element in vendor selection. One could categorize these as "technical" elements of the RFP. Price should not be given primary, weighted, or should I say over-weighted, consideration in vendor selection and RFP scoring. There should be a balanced approach to scoring when it comes to technical elements and pricing elements. All phases of the RFP should require project cost comparison between current service delivery system and proposed service delivery system. The managed care vendor should clearly demonstrate its administrative costs for the plan in any proposal. The state should develop criteria and guidelines of reasonable levels of administrative overhead that are expected from prospective vendors, and should communicate this in the Phase I RFP. The managed care vendor must not base any merit or performance bonuses for executives or providers on amount of care rendered or on denials of service.

5	No, Thanks.	Oct 4, 2011 9:06 AM
6	There are several questions in this survey for which I could have answered more than the three required-not all of the list but it was difficult to choose only three.	Oct 3, 2011 1:12 PM
7	I'm trying to figure out what is meant by question #10. It seems like unnecessary dog whistle language. What are you actually trying to ask? I'm all for personal responsibility, but many people on NH Medicaid are persistently mentally ill or	Oct 3, 2011 9:38 AM

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

	have severe developmental disabilities. There is only so much personal responsibility that some people can take, and I believe patients, providers and caregivers do the very best they can with the hand they are dealt. Considering that the scope of who qualifies for Medicaid in NH is so narrow, I believe it is unlikely that a managed care model will save significant amounts of money without causing serious problems for recipients, who are among our most vulnerable citizens here in NH.	
8	no	Oct 3, 2011 8:15 AM
9	Re: question # 10....personal responsibility is fine IF the patient is physically and mentally capable to be responsible. This is one of those 'soundbites' that the average person hears and supports...until someone in their family has a stroke...or is in a car accident with brain injuries, etc. If it sounds too simple, or easy, it is. There are more complexities involved than just taking personal responsibility.	Oct 2, 2011 7:41 AM
10	The people I know and with whom I have contact regularly wish for more community and home based care. Providing the services needed to fulfill this request seems to me to be fiscally responsible and patient centered.	Sep 30, 2011 5:48 PM
11	I am sure you know that most seniors, in particular want to remain at home and receive home and community based care. There are potential caregivers who could be trained to provide this type of service. There are also probably homes available where Medicaid clients could live in group settings if home owners were aware of the opportunity. Dr. Bill Thomas is leading the country with ways to provide this type of service.	Sep 30, 2011 1:42 PM
12	I believe that the question of medicaid coverage for elders aging in place - being independent at home, should be specifically addressed in State Planning. These expenditures at the later end of life are the ones that have the greatest opportunity for highly creative cost reduction while greatly increasing quality of care, physician, nursing and patient satisfaction. There are many components to this: financial and educational supports for caregivers. Proper system design for patient centered care delivery, and most importantly for the success of the State's attempts, a hearty educational community campaign that makes this issue an attractive and central one in the community, visible in ways that help community members see through to how taking part in envisioning a new system now, will positively affect their satisfaction when they and their families encounter the system later.	Sep 30, 2011 1:23 PM
13	It is critical that especially for the elderly and adults with disabilities we promote consumer direction and services in homes and communities. this is for the benefit of the consumers and the Medicaid program itself so that costs are controlled while providing services that meet the needs of the consumers.It is critical that a managed care system not dictate to consumers, but provide them with choices to meet their needs	Sep 30, 2011 10:55 AM
14	In my personal opinion, I would rather cover some who don't deserve it, then leave some of those who do high and dry. I don't know how this can be done efficiently, but it is something that needs to be considered. There are those who abuse the system, and don't deserve to be on it. but we need to be sure we are not cutting off those who DO need it, just to get rid of the ones who don't.	Sep 30, 2011 5:16 AM

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

15	Substance abuse prevention and treatment is a vital part of the program	Sep 28, 2011 4:54 AM
16	Current Medicaid In and Out program makes a lot of work for all involved. Patient's don't understand it, don't wish to get involved, and/or don't feel it's their problem to make sure their bills get paid. That leaves the facility either not getting paid or spending a lot of time and money trying to keep track of the spenddowns. The District offices are bombarded with calls and bills. There time could be much more wisely used.	Sep 27, 2011 8:19 AM
17	I don't know of any entity who could get more for their money than the State of NH has done. It has never paid its fair share counting on local providers to pick up the extra cost. It will just add a layer of cost at the top that will take away from direct care expenses.	Sep 27, 2011 6:07 AM
18	Will people be able to get the services they need to maintain their status if they are developmentally disabled ?	Sep 26, 2011 6:55 PM
19	Special needs individuals and families need to have their unique needs met with what will be most beneficial for the individual and family. Because of all the needs on the spectrum and how each presents itself in the person of the individual, we must be flexible especially with qualified professionals who work well with certain populations and have built a strong rapore with individuals and their families/caregivers.	Sep 26, 2011 4:55 PM
20	We all need to be personally responsible for our health but there needs to be an acknowledgement that people living in poverty don't have the same choices as those who are more fortunate.	Sep 26, 2011 1:48 PM
21	There are many instances where a bona fide applicant shows up at a HHS office to apply for help & is treated rudely, condescendingly & vindicatively in their tone. The system seems to automatically deny people...string them out for months & years creating tremendous burdens on the elder patient & the family.	Sep 26, 2011 12:01 PM
22	Encourage Primary Care Provider to accept Managed Care Medicaid to provide better access to health care. Pt would have less transportation issues and fewer No Show's if they could receive care closer to home. I think there should be a "penalty" system for no showing appts. Seek the means to truly identify patients being classified as disabled who end up on State and Federally Funded Programs.	Sep 26, 2011 7:26 AM
23	I would have liked to answer more than 3 items on some of the questions.	Sep 24, 2011 11:55 AM
24	We are not related to the person who has mental illness, but she is a part of our daily lives. Our hands are legally tied when it comes to expressing our concerns. The person with mental illness threatens us with have us arrested if we try to help her. And, we have seen her do exactly that to a family member when it was her illness that was out of control. We should have rights, also as the persons closest to the mentally ill person. She holds the "law" over our heads every day because we have no legal rights as un-related (not mother, father, spouse, etc) participants in her antics. The law protects the persons rights under the Hippa law, but does not represent the care givers.	Sep 24, 2011 8:20 AM
25	Would like to have had discussion on access to medications, medical devices,	Sep 24, 2011 5:02 AM

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

etc., and how this will be managed under the new model.

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| 26 | I have worked in the NH Medicaid system. I have seen how personal responsibility is a joke. I have seen babies with bottles filled with soda and juice. A few years down the road, the tax payer is handing out tons of money for dental care. The system has to change from a hand out program to that of a real "health" care system. Mandating educational seminars-videos. Providing planned parenthood information...pay for birth control...pay for abortions. Being allowed to discussed these issues with women. Give women a choice. | Sep 23, 2011 2:40 PM |
| 27 | The financial and clinical folks at the State must work together!!! More importantly, the State of NH must support the Medicaid Program and consider it a priority. The goals to provide quality services to a greater # of individuals with increased choices for individuals and increased accountability for the providers are commendable! However, this will cost significantly MORE \$ than the State is willing to pay for the services and the # of individuals currently covered in the Medicaid Program. We are fortunate to have wonderful healthcare facilities, physicians, clinicians and other professionals in our State. But the onness cannot be solely placed on the Providers for the success of a managed care program. Sure, they can cut costs and work more efficiently. However, the State has to generate more revenue from the Federal Government since 50% of the Medicaid program is paid by the Federal Government. What was the State thinking when it decided to forego millions of Federal \$ into the State for Healthcare services by keeping the MET \$ paid by the Hospitals? Sure, the State has more \$ for its general fund but where is it's committment to provide healthcare services? The Managed Care Medicaid Program is doomed from the start unless the STATE, not just DHHS, makes it a priority and figures out how to get the money to pay for it. a | Sep 23, 2011 2:38 PM |
| 28 | More outreach and active promotion and advertising of the NH Healthy Kids programs. start covering dental care for adults! low cost dentures. Increase income limits for disabled adults and the elderly so they can qualify for Medicaid. Have on line application process. Waive face to face interviews for certain elderly and disabled population. | Sep 23, 2011 12:20 PM |
| 29 | NH has the lowest reimbursement rates in the country and this situation has had and will continue to have an adverse impact on the primary care professional crisis-which ultimately impacts access to care (the fewer providers, the fewer patients can be seen). Oral Health, which is regularly excluded from health care policy discussions needs to be included in this initiative. Reimbursement for adult preventive and restorative services may have an up-front cost, but would eventually result in savings from preventable ED visits and hospitalizations. Despite language in the legisaltion excluding oral health services--it is not reasonable to suggest that "whole health" is being provided if mouths and teeth and left out of the equation. | Sep 23, 2011 11:36 AM |
| 30 | Children are at the mercy of all of the adults in their lives and more often than we would like these adults do not provide them with what they need to grow into productive members of society. We need to remember that an investment in our children is an investment in our own futures. Children are the future. If we forget that we do it to our own detriment. Remember, the children of today are the one's who will be turning you in the nursing home every 2 hours so you don't get bedsores. Be generous to them. Or we will reap what we sow. | Sep 23, 2011 6:17 AM |

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

31	I think people do what they can to stay healthy, nobody wants to be sick. Health care needs to be about patient health not money for insurance company. Usually when things change in government and its suppose to help poor it never does. Only the rich make out on it, someone needs to really care about our poor for a change. I don't need Medicaid, I happen to have a great boss who pays 100 percent for everyone in his companies health insurance, but a lot of my neighbors aren't so lucky.	Sep 23, 2011 4:55 AM
32	Taking personal responsibility is a slogan, not an effective tool. Patients do not choose the conditions that bring them into the program. An approach that emphasizes education and cooperation is far more likely to have an impact. Behavior is often a communication that needs to be understood and used to further a relationship between the provider and the patient. Some patients will need to learn how to accept responsibility because they have never had an opportunity to do so. Everyone is capable of learning; teaching should not be overlooked.	Sep 22, 2011 3:38 PM
33	I believe we need a statewide tax to fund the things that we as a state need to pay for. That goes beyond healthcare to include education!	Sep 22, 2011 12:41 PM
34	No, but some of the questions seem confusing and/or open to a range of interpretation. For example, "personal responsibility" can be used as club that blames people for their medical problems or can be defined as empowerment through education, support, and access to needed services. In any event, thank you for taking the resources to develop and manage this survey, and for asking for my opinions.	Sep 22, 2011 7:13 AM
35	I am concerned by the use of the phrase "personal responsibility". How is that defined? I am concerned that those making the rules may not understand the complex needs of many people on Medicaid. The needs of those with substance abuse issues, mental health diagnoses, and physical disabilities are extremely complex. I support the integration of medical care and behavioral health needs including mental health counseling, substance abuse treatment, nutrition counseling and more. I hope that the phrase is NOT being used like this - These Medicaid recipients must take personal responsibility for their health and we won't pay for tobacco related illnesses, obesity-related care, and a damaged liver because they did it to themselves. For one to take personal responsibility, one may need information, understanding, a supportive environment, an ability to make change, support to make change, behavioral health services, substance abuse services, and more.	Sep 22, 2011 7:13 AM
36	Although I agree personal responsibility for health care is important, the most vulnerable citizens of our state are not often able to make good decisions about their health. Care managers would be a great asset to assisting these people as they navigate a complicated system and learn to make healthy choices for themselves.	Sep 22, 2011 5:36 AM
37	No	Sep 22, 2011 4:09 AM
38	monitor the frequent flyers in the program that abuse the system and their own health with drugs and alcohol	Sep 21, 2011 6:35 PM
39	We can do this and especially in Southern New Hampshire there are many	Sep 21, 2011 2:50 PM

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

	committed people who would like to help.	
40	Re: question 10, not everyone has the capacity to take personal responsibility to improve the quality of their lives; e.g. people with developmental disabilities and people with severe mental illness.	Sep 21, 2011 2:00 PM
41	Accessibility, accessibility, accessibility! Nothing will work if the clients can't reach the providers.	Sep 21, 2011 1:57 PM
42	Look at the experience of other states that contract out care management and do not repeat their failures but learn from the successes in providing better outcomes in health and client satisfaction.	Sep 21, 2011 1:39 PM
43	I cannot emphasize enough the importance of including substance abuse treatment as a covered service in the new Medicaid plan. This is a critical need in our communities and causation of a precipitous increase in crime, emergency room use, and healthcare related cost associated with domestic violence, child abuse and trauma, traffic accidents, suicides, etc. we can no longer afford to turn our heads on these disease which is costly to the taxpayer as well as the health of our communities!	Sep 21, 2011 1:28 PM
44	your selection of options are pointedly biased from the start.	Sep 21, 2011 1:27 PM
45	My daughter has applied for benefits as a young widow with a young son to support over three months ago and to date has not even received a response, her calls to the local office were never returned. Her application was prompted by our local hospital who had determined that she should be able to qualify for some financial assistance ????	Sep 21, 2011 5:09 AM
46	No.	Sep 21, 2011 4:00 AM
47	I would like to reiterate my understanding that parity for mental health and substance abuse treatment is vital to the health of our state. Additionally, I am certain that in a state as wealthy as ours revenue must be found to support our citizens.	Sep 20, 2011 8:32 AM
48	I think it's a serious ethical issue when the area agencies are responsible for deciding what provider agencies get funding when the area agencies themselves are providing the same services. It raises my eyebrows, that's for sure.	Sep 20, 2011 5:55 AM
49	You need to be clearer about what this change proposes to cover and what it won't. That seems especially true where behavioral health services are concerned. The survey will contribute to people's confusion about your initiative and the carve out for behavioral health.	Sep 19, 2011 11:00 AM
50	For people with disabilities it is often difficult to take personal responsibility without help or adequate education about health care needs.	Sep 19, 2011 6:50 AM
51	A separate rfp for the implementation of Medicaid managed long term care should be considered, since there are few success stories to date in other parts of the country. We should also look at implementing the PACE program, based upon Vermont's success.	Sep 17, 2011 10:31 AM

Page 9, Q44. Is there anything else you wish we had asked or that you would like to tell us?

52	We need to make sure that Medicaid is not "block-granted" by the federal government-"the special committee of 12". Not only must we be vigilant as it relates to Medicaid Managed Care but recognize that it would be much worse if a federal change in law makes medicaid a block grant to the state. We must persuade our federal delegation to recognize the detrimental effects of a block grant. Consumers would loose out.	Sep 16, 2011 1:02 PM
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Indirect Stakeholder responses end.